Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

B c	heck if	C Name of organization	citaling	D Employer ident	tification number			
Address								
<u> </u>	_change Name	NEW TERRITORY R.C.A.		7.6	0202400			
누	_change Initial		Room/suit	76-0292499				
\vdash	_return Final	,	l - '					
	return/ termin-	6101 HOMEWARD WAY			(281)565-0616			
_	ated ∏Amendi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,280,072.			
<u> </u>	_Ireturn Applica	SUGAR LAND, IX //4/5	H(a) Is this a group					
	⊒tión pending	F Name and address of principal officer DEBKA ECKTIAKT	for subordina					
		SAME AS C ABOVE mpt status	~ [/]	H(b) Are all subordinate				
		mpt status 501(c)(3) _X501(c)(_4) ◀ (insert no.) 4947(a)(1) as: ► WWW.NEWTERRITORY.ORG	01 14 21 34	T-1	n a list (see instructions)			
			FO L Voi	H(c) Group exemp	M State of legal domicile: TX			
		organization: Corporation Trust Association X Other ► HOM! Summary	EO L 16	ai oi ioimation. 1303	IVI State of legal dominicie. 12			
			EATTO	N AND COMMO	N AREA			
Governance		· · · · · · · · · · · · · · · · · · ·			RAMS - ALL			
nar	-	Check this box If the organization discontinued its operations or dispose	KEUE	ore than 75% of its net	assets			
ver		Number of voting members of the governing body (Part VI. line 1a)		KD	3 7			
ဗိ	4 1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI,	OCT 3	וכאו פווחליוו	7			
Activities &		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)		ולטן -	5 0			
ij	l		CDE	·····	6 88			
į	l	Fotal unrelated business revenue from Part VIII, column (C), line 12	ODL		7a 0.			
Ă		Net unrelated business taxable income from Form 990-T, line 34			7b 0.			
	_ <u> </u>	ver difference business taxable income from 550 1, inc 54		Prior Year	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)			0.			
Revenue	l	Program service revenue (Part VIII, line 2g)		6,196,730				
	!	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		54,783				
æ	}	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		746,418				
	r e	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,997,931				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		(0.			
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,164,700	928,632.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	-		0.			
per		Fotal fundraising expenses (Part IX, column (D), line 25)	0.					
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,572,377	5,027,427.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,737,077				
		Revenue less expenses Subtract line 18 from line 12		1,260,854				
or ses		to roll do to the state of the		Beginning of Current Ye				
ages	20 1	Fotal assets (Part X, line 16)		13,397,766				
Ass	21	Fotal liabilities (Part X, line 26)		5,282,156				
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		8,115,610				
Pa	rt II	Signature Block	·····					
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ements, and to the best o	f my knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of w			<u> </u>			
		101hr duchain						
Sigi	.	Signature of officer		Date /	1 7			
Her		DEBRA ECKHART, TREASURER		40/2	Z//8			
• • • •		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		JAMES M. HOLMES, CPA	PA	10/03/18 self-en	ployed P01006610			
	г	Firm's name O'NEAL & HOLMES, LLP		Firm's EIN				
		Firm's address 7702 FM 1960 EAST, SUITE 125						
		HUMBLE, TX 77346		Phone no.	(281) 852-7473			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

	n 990 (2017) NEW TERRITORY R.C.A.	<u>76-0292499</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission	-	بمعب
•	RECREATION AND COMMON AREA MAINTENANCE, PROVIDE LAW ENFO	DCEMENT AND	
	RECREATION PROGRAMS - ALL BENEFITING THE ENTIRE COMMUN	ITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ves	X No
		163	140
_	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
		s, the total expenses, t	2110
_	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 5,269,263. including grants of \$) (Revenue)
	COMMON AREA MAINTENANCE; STREETLIGHTS; UTILITIES; ENTRANCE	CE, ROADSID	E, &
	ESPLANADE MAINTENANCE - BENEFITS THE ENTIRE COMMUNITY.		
4b	(Code) (Expenses \$	•	
	COMMUNITY RECREATION AREA, SPORTS COMPLEX, TENNIS CENTER		OT. '
		, & DWIM FO	<u>OD</u>
	OPERATIONS - BENEFITS THE ENTIRE COMMUNITY.		
4c	(Code) (Expenses \$) (Revenue	\$)
	CONSTABLE LAW ENFORCEMENT - BENEFITS THE ENTIRE COMMUNIT	Υ.	
			
		 _	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5, 269, 263.		
		Form Q	90 (2017)
		1 01111 0	(=311)

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orm	990	(2017))

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NEW TERRITORY R.C.A.

Part IV Checklist of Required Schedules

4	Is the exactivation described in section 501(a)(2) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		х
^	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	,		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			,
• •	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	^	_	
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		_v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<u>x</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		X
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		_x_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	1	X
	complete Schedule G, Part III		990	(2017)
				·/

Form 990 (2017)

NEW TERRITORY R.C.A.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		ĺ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		-	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	_	1
31	If "Yes," complete Schedule N, Part I	31		х
00	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
3-4	Part V. line 1	34	:	X
35a	540/HV40V9	35a		X
b	and the second s	-		1
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
55	Note. All Form 990 filers are required to complete Schedule O	38	X_	
	(VICE)	Form	990	(2017)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V X Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 55 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return SEE FOOTNOTE If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5h If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a · Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b **46**4 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans

14a

Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X.
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing			100
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,18,14; 1,14,1	350	3121 52
'	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		_X_
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		4-11-11-1	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		•	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	Vay
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	<u> </u>	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	#24.7.47g
15	Did the process for determining compensation of the following persons include a review and approval by independent			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	20122335	2.4.53	esco
а	The organization's CEO, Executive Director, or top management official	15a_		X
b	Other officers or key employees of the organization	15b	(Ézsűszák	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			3318 48
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	17,1117	45.4.14.	
	taxable entity during the year?	16a	إغاد مجدورا	X Suchteurs R
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	724151		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	L PERSONAL C	Galana Kilde	SAME AND AND ASSESSED.
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	a tinan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NEW TERRITORY RCA - 281-565-0616	7.0		
	6101 HOMEWARD WAY IN NEW TERRITORY, TEXAS, SUGAR LAND, TX 7747	9		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization n	(B)	Jige	. 1126		C)	ופעוי	Jal	(D)	(E)	(F)
(A) Name and Title	1			ر Pos	رد ition	ı		Reportable	(⊏) Reportable	(F) Estimated
Name and Title	Average hours per		not c	heck	eck more than one s person is both an			compensation	compensation	amount of
	week					ctor/trustee)		from	from related	other
	(list any	흥						the	organizations	compensation
	hours for	를				ted		organization	(W-2/1099-MISC)	from the
	related	ste o	ruste		يو ا	Sensa		(W-2/1099-MISC)		organization
	organizations	at tru	pnat		loye	CO III				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
	line)	Ē	Ĕ	8	3	포팅	요			
(1) MICHAEL PINCOMB	12.00								•	
PRESIDENT		X		X	_			0.	0.	0
(2) DEBRA SIMPSON	2.00									
DIRECTOR		X			<u> </u>			0.	0.	0
(3) MICHAEL CASSIDY	4.00			1					_	_
VICE PRES.		X	_	X		L.		0.	0.	0
(4) DEBRA ECKHART	10.00									
TREASURER		X		X				0.	0.	0
(5) ANAND GADGIL	2.00				l					
DIRECTOR		X						0.	0.	0
(6) CHARLES BASDEN	2.00				1					
DIRECTOR		X						0.	0.	0.
(7) LOUIS MANUEL	2.00									
SECRETARY		X		X				0.	0.	.0_
(8) MICHAEL J WALKER	40.00]							!	_
MANAGER SEE FOOTNOTE	₫	<u> </u>				X		132,288.	0.	0
]								
		<u></u>	ļ			ļ				- <u> </u>
]								
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]								
		<u> </u>			<u> </u>	ļ				
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			L	<u>L</u>						
			L.			L.				
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		1				}				

Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st (——			
(A)	(B)			() Pos	C) Itior	,		(D)	(E)		l _	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable				_
	week					is bot or/trus		compensation	compensation from related			other	JI
	(list any	cto	ĺ					the	organization	rganizations cor		pensa	tion
	hours for	Ē	بوا			ated		organization	(W-2/1099-MIS	3C)	fr	om the	8
	related organizations	ustee	truste		, g	Suadi		(W-2/1099-MISC)			_	anızatı d relate	
	below	Individual trustee or director	Institutional trustee	_	Key employee	stcon	 					ınızatı	
	line)	P	Instit	Officer	Key er	Highest compensated employee	톭						
											l		
		_		<u> </u>							<u> </u>		
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	<u> </u>	ł			ļ								
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4.0	<u> </u>	<u> </u>				l	L	122 200		_			
1b Sub-total	I Cantina A							132,288.		0.		_	0.
 Total from continuation sheets to Part Video Total (add lines 1b and 1c) 	i, Section A							132,288.		0.			0.
Total number of individuals (including but n	ot limited to th	ose	liste	ed al	OOVE	e) wh	no r		.000 of reportabl		_		
compensation from the organization						-,			, coo o op o ab.	•			1
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> </u>
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d ot	ther compensation from	the organization			`	
and related organizations greater than \$15			-							ļ	4		X
5 Did any person listed on line 1a receive or a					_		elat	ted organization or indivi	dual for services		·		
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	uch	pers	son				\longrightarrow	5	l	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mnoncoted in			nt c	onte	racto	re i	that received more than	\$100,000 of com		ation f	rom	
the organization Report compensation for										pens	ation ii	OIII	
(A)	are caleridar y	car	CITAL	ııg v	*****	<u> </u>		(B)	,cai		(C		
Name and business	address							Description of s	ervices	С	omper		n
NATIVE LAND DESIGN LLC			•		_								
P.O. BOX 4283 DEPT 6004,	HOUSTON	Ι,	ΤZ	ζ 7	772	210)	LANDSCAPING			99	4,8	<u>31.</u>
BANK OF AMERICA								CREDIT					
PO BOX 15710, WILMINGTON	<u>DE 198</u>	386	5					CARD/UTILITI			54	0,0	<u>80.</u>
FORT BEND COUNTY								LAW ENFORCEM	ENT				
PO BOX 1202, RICHMOND, T	<u> 77406</u>							PATROL			<u>35'</u>	7,6	<u> 33.</u>
LMS INC	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ļ		1		20	0 4	A A
PO BOX 35747, HOUSTON, TO	<u> 11235</u>						-	LANDSCAPING			<u> 49</u>	9,4	44.
BIO LANDSCAPE													

10892 SHADOW WOOD DRIVE, HOUSTON, TX 77043 TREE SERVICE

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants Ilar Amounts 1 a Federated campaigns Membership dues 1b Fundraising events 1c 1d d Related organizations Contributions, (and Other Simil e Government grants (contributions) '1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 5,281,570.5,281,570. 2 a MAINTENANCE FEES 900099 Program Service Revenue 913,204. **b PROGRAM REVENUE** 913,204 f All other program service revenue ► 6,194,774. SEE A SEE q Total. Add lines 2a-2f Investment income (including dividends, interest, and 68,213 68,213. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (II) Personal (ı) Real 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory · b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 1,348,263.1,348,263. 11 a MUD CONTRIBUTION 900099 431,472. 431,472. 900099 b MISC. REVENUE 237,350 c NTNOA ASSESSMENT REVEN 900099 237,350. d All other revenue THE COLUMN TO TH e Total. Add lines 11a-11d

Total revenue See instructions.

280,072.8,280,072.

Form 990 (2017) NEW TERRITORY R.C.A. Part X Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	omplete column (A).	<u> </u>
	. Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	•			
	and domestic governments. See Part IV, line 21	_			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			######################################	
4	Benefits paid to or for members				
· 5	Compensation of current officers, directors,			4 1	
-	trustees, and key employees				
6	Compensation not included above, to disqualified		•		•
	persons (as defined under section 4958(f)(1)) and			•	•
	persons described in section 4958(c)(3)(B)		455 444	454 004	
7	Other salaries and wages SEE FOUTHOT	€ 928,632.	457,411.	471,221.	
8	Pension plan accruals and contributions (include			,	
,	section 401(k) and 403(b) employer contributions)	- '			•
9	Other employee benefits	, ,			
10	Payroll taxes			<u> </u>	
11	Fees for services (non-employees)	•		']
а	Management	00.000		00.060	· · · · · · · · · · · · · · · · · · ·
b	Legal '	98,860.		98,860.	T
` с	Accounting	12,004.		12,004.	
d	, 3		######################################	Septem (teterapa, decomposes proped) (1906)	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	-*			
12	Advertising and promotion		*		
13	Office expenses	·	<u></u>		
14	Information technology		•	-	
15	Royalties				· · · · ·
16	Occupancy	* .		•	
17	Travel			-	
18	Payments of travel or entertainment expenses		•		
	, for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest				-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	. 252 421	252 421		
23	Insurance	352,421.	352,421.	Brain (1985) Brainski	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1,492,752.	1,492,752.	THE PROPERTY OF THE PROPERTY O	* NAME AND A STREET OF STREET AND A STREET A
а	LANDSCAPING & MAINTENAN	594,859.	594,859.		
b	CLUB & RECREATIONAL EXP	591,213.	591,213.		
· c	RESERVE FUND EXPENDITUR	479,156.	479,156.		· · · ·
d			1,301,451.	104,711.	
́ е	All other expenses SEE SCH O	1,406,162.	5,269,263.	686,796.	0.
<u>25</u>	Total functional expenses Add lines 1 through 24e	5,956,059.	J, 403, 403.	000,730.	
26	Joint costs. Complete this line only if the organization	• •			-
٠	reported in column (B) joint costs from a combined		*		,
	educational campaign and fundraising solicitation.			•	
	Check here if following SOP 98-2 (ASC 958-720)			<u>. </u>	Form 990 (2017

Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 4,944,089 5,678,767. Cash - non-interest-bearing 1 1 3,600,000. 2 2,810,000. Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,093,834 3,317 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 5,686 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 9000 basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 754,157. 3,466,445. investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 13,397,766 15,273,152 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 11,511. 586. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 5,281,570. 4,822,020. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 5,282,156 26 .833 ,531 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 2,760,917 3,288,161. 30 Capital stock or trust principal, or current funds 30 0. 31 0. Paid-in or capital surplus, or land, building, or equipment fund 31 5,354,693. 7,151,460. Retained earnings, endowment, accumulated income, or other funds 32 32 10,439,621. 8,115,610. 33 33 Total net assets or fund balances 13,397,766. 15,273,152. Total liabilities and net assets/fund balances

<u>òrm</u>	990 (2017) NEW TERRITORY R.C.A.	7 <u>6-0</u> 2	<u> 292499 </u>	Page	e 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>8,280</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>5,956</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	<u>2,324</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>8,115</u>	,61	<u> </u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			<u>-2.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		•		
	column (B))	10	10,439	,62	<u> 11.</u>
Pa	tt:XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		-·····	l	X
				Yes	No
1	Accounting method used to prepare the Form 990. L. Cash X Accrual Other				Na. V
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	17 - 1177 18 33 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	11(1) 2V	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		115455 A	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		200		
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	inile 9		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		eliali.	
	Act and OMB Circular A-133?		3a	\rightarrow	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		-	
	or guides, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
_	NEW TER	RITORY R.C.A.			76-0292499
Pa	art I-A Complete if the org	anization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendite Volunteer hours for political campaign	ures	cal campaign activities		
Pa	art I-B Complete if the org	anization is exempt un	der section 501(c)		<u>-</u>
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
4 a	Was a correction made?				└─ Yes └─ No
_	If "Yes," describe in Part IV				100
Pa	art I-C Complete if the org	anization is exempt un	der section 501(c)		
	Enter the amount directly expended		· ·		
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	Add lines 1 and 2. Enter here	and on Form 1120-POL	-, •	
	line 17b			▶ \$	Voc. No.
	Did the filing organization file Form				Yes No
5	Enter the names, addresses and en				
	made payments For each organiza				
	contributions received that were propolitical action committee (PAC) If a				ite segregated fund of a
	<u> </u>				6 3 A 6 - - - -
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	promptly and directly
					delivered to a separate
	Ì				political organization If none, enter -0-
			 		
		<u> </u>	 	 	
		<u> </u>		0.1	/F

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017]	NEW TERRITO	RY R.C.A.	- 504(-)(0)d 61	76-0	292499 Page 2
Partill-A Complete if the org	anization is exen	npt under sectioi	1 501(c)(3) and fil	ed Form 5/68 (el	ection under
section 501(h)).					
	-	- · · ·	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e				
3 Check ► if the filing organizat	lion cnecked box A an	d "limited control" pro	visions apply	(a) Educa	(h) Affiliated group
	s on Lobbying Exper	•	` ,	(a) Filing organization's	(b) Affiliated group totals
. (The term "expend	litures" means amou	nts paid or incurred.)		totals ·	
1a Total lobbying expenditures to influ	ience nublic opinion (c	prass roots lobbying)	•		
b Total lobbying expenditures to influ	, , , , , , , , , , , , , , , , , , , ,	· -		_	
c Total lobbying expenditures (add li	,	, (,,,,,,,,	•	·	
d Other exempt purpose expenditure	·			-	
e Total exempt purpose expenditure).			,,
f Lobbying nontaxable amount Ente	er the amount from the	following table in both	n columns		•
If the amount on line 1e, column (a) o	r (b) is: The lobi	bying nontaxable ame	ount is:		
Not over \$500,000	20% of t	the amount on line 1e.	,		
Over \$500,000 but not over \$1,000),000 \$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000		000	,		
<u> </u>		· · ·	·		
g Grassroots nontaxable amount (en	ter 25% of line 1f)	,		,	
h Subtract line 1g from line 1a If zero			•		•
i Subtract line 1f from line 1c If zero					
j If there is an amount other than ze	•	line 1i, did the organiza	ation file Form 4720	Г	¬., ¬.,
reporting section 4911 tax for this				L	Yes No
(Some organizations the	4-Year Ave 4-Year Avertion 50	raging Period Under	section 501(n) have to complete all	of the five columns b	, elow.
(Some organizations to		ate instructions for li			,
•	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
		•			
Calendar year	(a) 2014	(b) 2015	(c) 2016 _, ੍	, (d) 2017	(e) Total
(or fiscal year beginning in)	•	• •		_	
,			•		
2a Lobbying nontaxable amount			1		
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
			•		
c Total lobbying expenditures					٠.
	•		· • •		
d Grassroots nontaxable amount	# ####################################	regreges and the annual provided and a second	7/: 193178 Lippin indikty indikty		
' e Grassroots ceiling amount					. 1
(150% of line 2d, column (e))	CHARLES CHARLES COMMENTS			CHEST ALL SECTION OF THE SECTION OF	
5 Craceroote lobbung evpenditures	•	,			
f Grassroots lobbying expenditures		<u> </u>	· •	Schedule C /Form	990 or 990-FZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 NEW TERRITORY R.C.A. 76-0292499 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
_	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				-
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
:	Other activities?				
•	Total Add lines 1c through 1i	76486844446887	CITARIAN		
2	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	(12/4/4/24/47) = 3/29/83	, ('a / 3133	MAGNATURAN CONTRACTOR	SEPT. THE REAL PROPERTY.
	If "Yes," enter the amount of any tax incurred under section 4912		######################################	PETRANTIAN NO. N. R.	CHEST ALTS IN TAXABLE
	·	SECTION AND STREET			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	Model Profession L. Trends Medical	Saddraid.vsStSin	ATTACAMENT TO	
<u>a</u> Dař	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? [III] A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4), section 501(c)(4).	ion 501(c))(5), or se	ction	-20+1 - 4 - 1 - 1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
r _i ai	$\frac{11137}{1137}$ Complete if the digamization is exempt under section 30 (c)(6).	.011 00 1(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	·
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	ar? 3		Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		11 (15) 1 (11)		
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical	5275		
2	expenses for which the section 527(f) tax was paid).				
_	Current year		2a		
a	•		2b		
D	Carryover from last year Total		2c		
င	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	YC899	Para de la companya d		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	ponticui	4		
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
5 Päi	t IV. Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	in liet) Part	II-A lines 1	and 2 (see	· · ·
	uctions), and Part II-B, line 1 Also, complete this part for any additional information				
	•				
_					
		<u> </u>			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	<u>NEW TERRITORY R.C.</u>					<u>76-02</u>		
Par	I Organizations Maintaining Donor Advise	ed Funds or	Other Similar Fund	ls or Ad	uoos	1ts.Comple	ete if the	9
	organization answered "Yes" on Form 990, Part IV, II	ne 6						
		(a) Don	or advised funds	(b) Fund	ls and other	accour	nts
1	Total number at end of year		. <u> </u>					
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)		<u> </u>					
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the	assets held in donor adv	ised fund	s			
	are the organization's property, subject to the organization's	s exclusive legal	control?			<u> </u>	Yes	∟ No
6	Did the organization inform all grantees, donors, and donor	advisors in writing	ng that grant funds can b	e used or	nly			
	or charitable purposes and not for the benefit of the donor	or donor advisor	r, or for any other purpos	e conferr	ing	_		
	mpermissible private benefit?	<u></u>				<u></u>	Yes	<u> No</u>
Par	II Conservation Easements. Complete if the or	rganization answ	ered "Yes" on Form 990	, Part IV,	ine 7			
1	Purpose(s) of conservation easements held by the organizar	tion (check all th	at apply).					
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a his	storically i	mport	ant land are	а	
	Protection of natural habitat		Preservation of a ce	rtified his	toric s	tructure		
	Preservation of open space							
	Complete lines 2a through 2d if the organization held a qual	lified conservation	on contribution in the form	n of a cor				
	day of the tax year			-		Held at the E	nd of the	Tax Year
	Total number of conservation easements			1	2a			
	Total acreage restricted by conservation easements			-	2b			
	Number of conservation easements on a certified historic st		* *		2c			
	Number of conservation easements included in (c) acquired	l after 7/25/06, a	nd not on a historic struc	ture				
	isted in the National Register			L	2d			
	Number of conservation easements modified, transferred, re	eleased, extingu	isned, or terminated by tr	ne organi	zation	auring the t	ax	
	/ear D		.					
	Number of states where property subject to conservation ea							
	Does the organization have a written policy regarding the period to the period to the period to the period to the conservation easements.		g, inspection, nariding o	1			Yes	□ No
	Staff and volunteer hours devoted to monitoring, inspecting		lations, and enforcing co	nservatio	n ease			
Ū		,, nanding or vio	idiono, dia omoroling oo		0000		.go ,	J
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violation	ns, and enforcing conserv	ation eas	semen	ls during the	e vear	
	> \$,			3	,	
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the re	quirements of section 17	'0(h)(4)(B)	(i)			
	and section 170(h)(4)(B)(ii)?	•	•		.,		Yes	☐ No
	n Part XIII, describe how the organization reports conserva	ition easements	in its revenue and expens	se statem	ent, ai	nd balance:	sheet, a	ınd
	nclude, if applicable, the text of the footnote to the organization							
	conservation easements					_		
Par	III Organizations Maintaining Collections	of Art, Histor	rical Treasures, or	Other S	imile	ır Assets		
	Complete if the organization answered "Yes" on Form	m 990, Part IV, II	ne 8.					
1a	f the organization elected, as permitted under SFAS 116 (A	ISC 958), not to	report in its revenue state	ement an	d balaı	nce sheet w	orks of	art,
	nistorical treasures, or other similar assets held for public ex	xhibition, educat	ion, or research in furthei	rance of p	ublic :	service, pro	vide, in	Part XIII,
	he text of the footnote to its financial statements that desc	ribes these item	s					
	f the organization elected, as permitted under SFAS 116 (A							
	reasures, or other similar assets held for public exhibition, e	education, or res	earch in furtherance of p	ublic serv	/ice, pi	rovide the fo	ollowing	amounts
	relating to these items:							
	i) Revenue included on Form 990, Part VIII, line 1				> \$	·		
	ii) Assets included in Form 990, Part X				▶ \$	·		
	f the organization received or held works of art, historical tr			ial gain, p	rovide)		
	he following amounts required to be reported under SFAS	116 (ASC 958) r	elating to these items:					
а	Revenue included on Form 990, Part VIII, line 1				> \$			
	Access makeded in Form COO. Dort V				•			

		RITORY R.C					<u>76-02</u>			<u>e 2</u>
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply).									
а	Public exhibition	c	, <u> </u>	oan or exc	hange programs					
b	Scholarly research	€	, LJ 0	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further ti	ne organization's ex	empt pu	irpose in Part	XIII		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or other simil	ar asset	s	_		
	to be sold to raise funds rather than to be ma							Yes	Ш	<u>No</u>
Par	t IV Escrow and Custodial Arran		ete if the	organızatıo	n answered "Yes" o	n Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custode	an or other intermed	diary for c	ontribution	s or other assets no	ot includ	ed	,		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able						
								Amount		
С	Beginning balance					1	c			
d	Additions during the year					1	d			
е	Distributions during the year					10	е			
f	Ending balance					_1	<u>f </u>	_		
	Did the organization include an amount on Fe					•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete r	f the organization ai	1		T					
	,	(a) Current year	(b) Pr	or year	(c) Two years back	(d) Thr	ee years back	(e) Four y	ears ba	ıck_
1a	Beginning of year balance					<u> </u>				
b	Contributions					1				—
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	· - -				 				
е	Other expenditures for facilities									
	and programs					ļ <u></u> .				
f	Administrative expenses		ļ							
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland		j, column (a	a)) held as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are neid a	nd administered for	tne org	anization	<u></u>	. T.	
	by								res l	No_
	(i) unrelated organizations							3a(i)		—
_	(ii) related organizations	A L. A	0.	- t				3a(ii)	+	—
	If "Yes" on line 3a(ii), are the related organiza							3b		—
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment ti	unas						
Гаі			O Bort IV	lino 11o S	Son Form 000 Part	V lina 10	1			
	Complete if the organization answere	1			The state of the s	Accumu	-	(d) Book	value	—
	Description of property	(a) Cost or of basis (invest			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lepreciat	l l	(d) Book	value	
	Lond	במשוש (ווועפשנ		2000	(50.101)			_		—
	Land									—
	Buildings									
	Leasehold improvements				-					
	Equipment					-				—
	Other Add lines 1a through 1e (Column (d) must e	gual Form 990 Pari	X colum	n (R) line 1	10c.)		•			0.

(6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	tXI Reconciliation of Revenue per Audited Financial St	atements with Reven	ue ner Keturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, II		ao por motarin	
1	Total revenue, gains, and other support per audited financial statements		1	8,280,072.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			0/200/0/20
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
		2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	8,280,072.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	7-7-13-1-1 - 11-1 - 11-1-1-1-1-1-1-1-1-1-1-1-1	
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	8,280,072.
Pa	rt XII. Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
1	Total expenses and losses per audited financial statements		1	<u>5,956,059.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	•	_2d		•
е	Add lines 2a through 2d		2e	<u> </u>
3	Subtract line 2e from line 1		3	5,956,059.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	•	4a		
	Other (Describe in Part XIII)	4b	85.498	
	A	10	1	0
_	Add lines 4a and 4b		4c	<u>0.</u> 5 956 059
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	0. 5,956,059.
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information.	18.)	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information.	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line rt:XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) I 4, Part IV, lines 1b and 2b, I	5	5,956,059.

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017 Open to Public

Open to Public Inspection

Internal Revenue Service ■ Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization NEW TERRITORY R.C.A. 76-0292499 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: HOMEOWNERS ASSOCIATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BENEFITTING THE ENTIRE COMMUNITY. FORM 990, PAGE 1, PART I, LINE 7A THE ASSOCIATION NO LONGER HAS NEWSLETTER ADVERTISING INCOME, SO NO FORM 990-T IS REQUIRED. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMON AREA MAINTENANCE; STREET LIGHTS; ESPLANADE LAKE AND ROADSIDE MAINTENANCE ---- BENEFITS THE ENTIRE COMMUNITY. FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION HAS 4,601 HOMEOWNERS-MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS ARE VOTED INTO OFFICE BY THE MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11B: REVIEWED BY TREASURER AND BOARD OF DIRECTORS AND APPROVED IN BOARD MEETING BEFORE FILING.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NEW TERRITORY R.C.A.	Employer identification number 76-0292499
990 PAGE 5 LINE 2A; 990 PAGE 7 LINE 1A #8; 990 PAGE 10 L	INE 7; SCHEDULE 0
THE ASSOCIATION USES AN EMPLOYEE LEASING FIRM (PEO) TO E	MPLOY AND PAY
THEIR WORKFORCE. PAYROLL TAX FILINGS ARE REPORTED UNDER	THE EMPLOYEE
LEASING FIRM'S EIN. THE ASSOCIATION'S MANAGER'S SALARY I	S REPORTED ON
PAGE 7 LINE 1A #8 COLUMN D. EMPLOYEE RELATED EXPENSES HA	VE_BEEN
REPORTED ON PAGE 10 LINE 7 UNDER WAGES. PAYROLL TAXES A	RE REPORTED ON
SCHEDULE O AS A CONTINUATION OF PAGE 10, LINE 24E.	
SEE ATTACHED FOOTNOTE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DISCUSS AT REGULAR BOARD OF DIRECTOR MEETINGS.	
DISCUSS AT REGULAR BOARD OF DIRECTOR MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S	WEBSITE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	ES:
UTILITIES:	
PROGRAM SERVICE EXPENSES	343,287.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	343,287.
SECURITY:	
PROGRAM SERVICE EXPENSES	341,060.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
732212 09-07-17 Scho	edule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number
NEW TERRITORY R.C.A.	76-0292499
TOTAL EXPENSES	341,060.
STREET LIGHTS:	
PROGRAM SERVICE EXPENSES	301,002.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	301,002.
GENERAL MAINTENANCE:	
PROGRAM SERVICE EXPENSES	132,872.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	132,872.
PAYROLL TAXES : SEE FOOTNOTE	
PROGRAM SERVICE EXPENSES	114,714.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,714.
ADMINISTRATIVE EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	104,711.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104,711.
LAKE MANAGEMENT:	
PROGRAM SERVICE EXPENSES	52,424.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017

Schedule O (Form 990 or 990·EZ) (2017) Name of the organization	Page 2 Employer identification number
NEW TERRITORY R.C.A.	76-0292499
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	52,424.
	<u> </u>
BAD DEBT EXPENSE:	
PROGRAM SERVICE EXPENSES	8,944.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,944.
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	4,996.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,996.
COMMITTEE EXPENSE:	
PROGRAM SERVICE EXPENSES	2,152.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,152.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 1,406,162.
FORM 990, PART XII, LINE 2C:	
BOARD OF DIRECTORS REVIEW THE FINANCIALS AT MONTHLY MEET	INGS.
FORM 990, PART XII, LINE 2C	
TREASURER PRIMARILY RESPONSIBLE FOR THESE FUNCTIONS SUBJ	JECT TO BOARD OF nedule O (Form 990 or 990-EZ) (2017)
732212 09-07-17 23	164416 O (1 01111 550 01 550-E2) (2017)

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization NEW TERRITORY R.C.A.	Employer identification number 76-0292499
DIRECTORS OVERSIGHT AND APPROVAL.	
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