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Form **990**

Return of Organization Exempt From Income Tax

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

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

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Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

AF	or the	2017 calendar year, or tax year beginning and	enaing		
В с	heck if pplicable	C Name of organization		D Employer identific	ation number
	Addres change	NEW TERRITORY R.C.A.			
	Name change	Doing business as		76-02	292499
F	Initial		Room/suite	E Telephone number	
=	Final	6101 HOMEWARD WAY			565-0616
L	⊣return/ termin-				8,280,072.
_	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
	⊒return	SUGAR HAND, IX //4/3		H(a) is this a group ret	
	Applica tion pending	F Name and address of principal officer DEBRA ECRITARY		for subordinates?	
	ponding	SAME AS C ABOVE		H(b) Are all subordinates inc	cluded? Yes No
<u> T</u>	ax-exe	mpt status 501(c)(3)X 501(c)(_4) < (insert no.) 4947(a)(1) (insert no.)	or 52/7) If "No," attach a l	ist (see instructions)
J۷	Vebsite	e: NWW.NEWTERRITORY.ORG	1	H(c) Group exemption	
K F	orm of	organization: Corporation Trust Association X Other ► HOM	EO L Year	of formation: 1989 M	State of legal domicile: TX
		Surnmary	<u> </u>		
		Briefly describe the organization's mission or most significant activities RECR	EATTON	AND COMMON	AREA
Activities & Governance	1	MAINTENANCE, PROVIDE LAW ENFORCEMENT AND			
nar	-				
ēī		Check this box if the organization discontinued its operations or dispositions.	sea or more	1 1	sets
ó		Number of voting members of the governing body (Part VI, line 1a)		3	
ಷ		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
<u>X</u>	6	Total number of volunteers (estimate if necessary)		6	88
ᅙ	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
٩	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
ž		Program service revenue (Part VIII, line 2g)		6,196,730.	6,194,774.
Revenue	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		54,783.	68,213.
æ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		746,418.	2,017,085.
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,997,931.	8,280,072.
				0.	0.
	ļ.	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	}	Benefits paid to or for members (Part IX, column (A), line 4)		1,164,700.	928,632.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ë		Professional fundraising fees (Part IX, column (A), line 11e)	———	0.	
X		Total fundraising expenses (Part IX, column (D), line 25)	0	4 572 277	E 027 427
		Other expenses (Part IX, column (A), lines 11a-11d 11f-24b) EUEIVED	רטן ⊢	4,572,377.	5,027,427.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	280	5,737,077.	5,956,059.
		Revenue less expenses Subtract line 18 from line 8 NOV 1 4 2018	1001 -	1,260,854.	2,324,013.
Net Assets or Fund Balances		ES NOVI TE CONT	_]≝ Be	ginning of Current Year	End of Year
set	20	F 1 1 4 - (D - 4 V 1 4 C)		13,397,766.	15,273,152.
叠	21	Total liabilities (Part X, line 26)		5,282,156.	4,833,531.
캺	22	Net assets or fund balances Subtract line 21 from line 20		8,115,610.	<u> 10,439,621.</u>
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	, correc	t, and complete. Declaration of greparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	<u> </u>
		dolla Chellans		11/8/	118
Sigi	n	Signature of officer		Date	,
Her		DEBRA ECKHART, TREASURER			
1101	`	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	, [JAMES M. HOLMES, CPA	OA 1	L0/03/18 self-employe	P01006610
_	l l	OAMED M. HODRED, CITE		Firm's EIN	76-0131587
	parer			1 1111 3 211	
use	Only			Phone no. (28	81) 852-7473_
					X Yes No
	_	RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2017)
7320	01 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		FOITH 990 (2017)

12

	990 (2017) NEW TERRITORY R.C.A.	<u>76-0292499</u>	Page 2
Par	rt III. Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	RECREATION AND COMMON AREA MAINTENANCE, PROVIDE LAW EN		
	RECREATION PROGRAMS - ALL BENEFITING THE ENTIRE COMM	UNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	□
	prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O		(T).
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s ⁷ LYes	X No
	If "Yes," describe these changes on Schedule O	an management by avacance	_
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to organize to apply the early for each program control	thers, the total expenses,	anu
40	revenue, if any, for each program service reported (Code) (Expenses \$ 5,269,263 · including grants of \$		
4a	(Code) (Expenses \$5, 269, 263. including grants of \$) (Rev. COMMON AREA MAINTENANCE; STREETLIGHTS; UTILITIES; ENTR	ANCE, ROADSID	E. &
	ESPLANADE MAINTENANCE - BENEFITS THE ENTIRE COMMUNITY.		<u>, a</u>
	ESPERNADE MAINTENANCE - BENEFITS THE ENTIRE COMMONITY.		
		-	
4b	(Code) (Expenses \$	venue \$)
	COMMUNITY RECREATION AREA, SPORTS COMPLEX, TENNIS CENT	ER, & SWIM PO	OL
	OPERATIONS - BENEFITS THE ENTIRE COMMUNITY.		
		<u></u>	
4c		venue \$)
	CONSTABLE LAW ENFORCEMENT - BENEFITS THE ENTIRE COMMUN	ITY	
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	F 260 263		
		Form 9	990 (2017)

Page 3

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Pa	rt IV Checklist of Required Schedules			1
	. 1.		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			١,,
_	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.
	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	٠,		
_	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 similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	x	
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3	Α.	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		Λ
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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	-		
3	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		х
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	_		
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		X
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 167 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			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	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	ļ	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	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	
	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	<u> </u>	X
14a		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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	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	4-		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	16		x
	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,	17		X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	— —	 	 ^
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
	ic and oar ii ites, complete schedule d, rait ii	<u> </u>	-	+ 43

Form **990** (2017)

complete Schedule G, Part III

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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		Х
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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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)			
а	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		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-37 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			
	Part V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
		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 Yes 55 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a 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 fant Nete b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 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 4a 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 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 b 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). 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 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 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 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 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a 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 amounts due or received from them) 11b 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 organization is licensed to issue qualified health plans 13b 13c

14a

c 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

Form 990 (2017) NEW TERRITORY R.C.A. 76-0292499 Page Part VIII 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 C) See i	nstructions			
_	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					
	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.	İ	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other	***************************************		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct 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 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	one or			
	more members of the governing body?		•	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ar by th	ne following:			
а	The governing body?			8a	Х	
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 re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u> </u>	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	o 1966-522
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			5 NY 17.	1	e e e
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe	1		
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			14	X (38.5/2*	Nagar, VI
15	Did the process for determining compensation of the following persons include a review and approv		naepenaent	17.7.7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•	1,3,11	عاداناها	لكسمائة ا
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	N 75 pm 1	TO SECUL
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		41	11242		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	with a	11111111111111111111111111111111111111	1825333	X
	taxable entity during the year?			16a	1,710 41534	13 Styles
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the			4/2	3,000°5 0.63945	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anizatio	on's	1 ACI-	نَدُّ الْمَدْخِسِةُ.	19. 787.2
_	exempt status with respect to such arrangements?			16b	I	
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE		 .			
17		T /Soo	tion 501(a)(3)s only	\ availal		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	i (Sec	aon oo i (c)(o)s oiliy	, avalidi	JIG	
	for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain	n in Ca	hadula Ol			
				nd finar	ncial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	ormict (or interest policy, a	iu iiiidi	ioiai	
	statements available to the public during the tax year	ooko o	nd records:			
20	State the name, address, and telephone number of the person who possesses the organization's b	ours a			_	
	NEW TERRITORY RCA - 281-565-0616	Γ λ λΤΤ		70		

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

(A) Name and Title	(B) Average hours per week	(do box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL PINCOMB PRESIDENT	12.00	x		х				0.	0.	0.
(2) DEBRA SIMPSON	2.00									
DIRECTOR		X			_	<u> </u>		0.	0.	0.
(3) MICHAEL CASSIDY VICE PRES.	4.00	x		x				0.	0.	0.
(4) DEBRA ECKHART TREASURER	10.00	x		x				0.	0.	0.
(5) ANAND GADGIL	2.00	x						0.	0.	0.
DIRECTOR (6) CHARLES BASDEN DIRECTOR	2.00	x						0.	0.	0.
(7) LOUIS MANUEL SECRETARY	2.00	х		х				0.	0.	0.
(8) MICHAEL J WALKER MANAGER SEE FOOTMOLE	40.00					x		132,288.	0.	0.
					_					
					,					
								,	_	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) (C) Average Position (do not check more than one						one	(D) (E) Reportable Reportable		(F) Estimated		d	
	hours per week (list any hours for related	stee or director	, unle	ss pe	rson irecto	s bot or/trus	han tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	ated other		ther ensat m the	tion
	organizations below	ıvıdual tru	institutional trustee	Officer	Key employee	Highest compensated employee	шег				and orgar	relate lizatio	
	line)	=	lus	₩.	Xe	₹8	Ē						
		ł											
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		1											
1b Sub-total							>	132,288.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)				_			<u> </u>	132,288.	000 - 6	0.			0.
2 Total number of individuals (including but incompensation from the organization	not limited to tr	ose	liste	ed a	DOV	e) WI	no r	eceived more than \$100	J,UUU of reportable)			1
Compensation from the organization											1	Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	y er	npio	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s									the organization			<u> </u>	
and related organizations greater than \$15											4		<u>X</u>
5 Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Scheau	e J I	or s	ucn	per	son				!	5		
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation from	om	
the organization Report compensation for										· 			
(A)								(B)			(C)		
Name and business	address							Description of s	services		ompen	sation	<u> </u>
NATIVE LAND DESIGN LLC	TTOTT CITION	AT.	m	. س	77	21	n	T ANTOCCA DINIC	ļ		99/	Ω	31.
P.O. BOX 4283 DEPT 6004, BANK OF AMERICA	HOUSTO	Ν,	14	<u>. </u>	11	<u> </u>		CREDIT	-		229	., 0	<u> </u>
PO BOX 15710, WILMINGTON	. DE 19	88	6					CARD/UTILITI	ES	540,080.			80.
FORT BEND COUNTY	LAW ENFORCEMENT												
PO BOX 1202, RICHMOND, TX 77406 PATROL							357	, 6	<u>33.</u>				
LMS INC													
PO BOX 35747, HOUSTON, TX 77235 LANDSCAPING						299	, 4	<u>44.</u>					
BIO LANDSCAPE 10892 SHADOW WOOD DRIVE, HOUSTON, TX 77043 TREE SERVICE							100	٠ n	Qς				
										198,085.			
Total number of independent contractors (including but not limited to those listed above) who received more than													

\$100,000 of compensation from the organization

11

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants lar Amounts 1 a Federated campaigns **b** Membership dues 1b Fundraising events 1¢ d Related organizations 1d Contributions, (and Other Simil e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ Total. Add lines 1a-1f Business Code 900099 5,281,570.5,281,570 Program Service Revenue 2 a MAINTENANCE FEES 913,204. 913,204. **b PROGRAM REVENUE** f All other program service revenue 194,774. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 68,213. 68,213. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) Net rental income or (loss) (II) Othor Gross amount from salos of (i) Socuritios 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 Revenue 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 ,348,263.<u>1,348,263</u>. 900099 11 a MUD CONTRIBUTION 431,472. 431,472. 900099 b MISC. REVENUE 237,350 c NTNOA ASSESSMENT REVEN 900099 237,350. d All other revenue ,017,085. Total. Add lines 11a-11d 280,072.8,280,072. Total revenue See instructions.

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

	on 501(c)(3) and 501(c)(4) organizations must com		er organizations must c	omplete column (A)	
	Check if Schedule O contains a respon				X
	ot include amounts reported on lines 6b, 3b, 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				ALTE JAMES CONTROL SERVICES AND AND AND AND AND AND AND AND AND AND
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			STEELED TO THE THE TANK OF THE TOTAL OF THE	ESTRETATION OF LANGUAGES TO SEE
4 (Benefits paid to or for members				
5	Compensation of current officers, directors,				· '
	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)	000 630	455 411	451 001	
7	Other salaries and wages See Fact Note	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				
11	Fees for services (non-employees).				
а	Management	98,860.		98,860.	
b	Legal	12,004.		12,004.	
<u>ن</u>	Accounting	12,004.		12,004.	
þ	Lobbying				
f	Investment management fees		SE SEAGENT STOR IS ARNUALISMENS OF CRASS	s policinates a fantace total, at a sax. The ve-	
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	······		•	
13	Office expenses				
14	Information technology				
15	Royalties	-			
16	Occupancy		***************************************		
17	Travel				
18	Payments of travel or entertainment expenses		*****************		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	352,421.	352,421.		
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 O.)				
а	LANDSCAPING & MAINTENAN	1,492,752.	1,492,752.		
b	CLUB & RECREATIONAL EXP	594,859.	594,859.		
С	RESERVE FUND EXPENDITUR	591,213.	591,213		·
d	TENNIS & SWIM EXPENSES	479,156.	479,156		
е	All other expenses SEE SCH O	1,406,162.	1,301,451.		
<u>25</u>	Total functional expenses Add lines 1 through 24e	5,95 <u>6,</u> 059.	5,269,263	686,796.	0.
26	$\ensuremath{\text{\textbf{Joint costs}}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				- 000
					Form 990 (2017)

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. 1 Cash - non-interest-bearing 3,600,000. 2,810,000 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 4,093,834 3,317,940 Accounts receivable, net 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 Notes and loans receivable, net 7 8 inventories for sale or use 5,686. 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10a 10b 10c Less accumulated depreciation 754,157. 3,466,445. 111 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 13,397,766. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 586. 11,511. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 5,281 570. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 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 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D ,282,156 4,833,53 26 Total liabilities. Add lines 17 through 25 ' Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 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 *4*31 31 Paid-in or capital surplus, or land, building, or equipment fund 5,354,693. 7,151,460. 32 Retained earnings, endowment, accumulated income, or other funds 32,1 10,439,621. 8,115,610. 33 Total net assets or fund balances 33 15,273,152. 13,397,766. Total liabilities and net assets/fund balances

	990 (2017) NEW TERRITORY R.C.A.	<u> 76-</u>	<u> 0292499</u>	Pa	ge 12
Pa	rt 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	8,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,95	<u>6,0</u>	<u>59.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	2,32	4,0	<u>13.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,11	<u>5,6</u>	10.
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	10,43	9,6	21.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				.
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	-		-
	separate basis, consolidated basis, or both		١.		
	Separate basis Consolidated basis Both consolidated and separate basis		·	<u>'`</u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	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				1 . 1
	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 audit,		٠	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C) 1 - 1	4	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		.
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired aud		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	<u> </u>
			Form	990	(2017)

SCHEDULE C

(Form 990 or 990-EZ)

.
Department of the Treasury

Internal Revenue Service

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

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

		01(c)(4), (5), or (6) organizat	tions Complete Part III			
Nam	ne of orga	inization			Em	ployer identification number
		NEW TER	RITORY R.C.A.			76-0292499
Pa	rt I-A	Complete if the org	anization is exempt un	der section 501(c	or is a section 527	organization.
2	Political	a description of the organiz campaign activity expendit er hours for political campai		cal campaign activities	in Part IV. ▶	\$
Pa	rt I-B	Complete if the org	anization is exempt un	der section 501(c)(3).	
			incurred by the organization un			\$
			incurred by organization manag		5	\$
3	If the org	ganization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a c	orrection made?				Yes No
b	If "Yes,"	describe in Part IV				
	irt I-C		janization is exempt un			I(c)(3).
1	Enter the	e amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	\$
2	Enter the	e amount of the filing organ	ization's funds contributed to o	ther organizations for	_	
	•	function activities			•	\$
3		empt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO		_
	line 17b				•	\$
4		filing organization file Form				☐ Yes ☐ No
5	made pa	ayments For each organiza itions received that were pro	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ a separate political or	nzation's funds Also enter ganization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	contributions received and
		4444				

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.		76-0	292499 Page 2
Part IIA Complete if the org section 501(h)).	janization is exer	npt under section	n 501(c)(3) and fil	ed Form 5768 (el	ection under .
A Check 🕨 🔲 if the filing organiza	tion belongs to an affil	ated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying (expenditures)			
B Check 🕨 🔲 if the filing organiza	tion checked box A ar	d "limited control" pro	visions apply	` `	
	ts on Lobbying Exper ditures" means amou		· ;	(a) Filing organization's , totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (grass roots lobbying)		•	
b Total lobbying expenditures to infl					
c Total lobbying expenditures (add I	ines 1a and 1b)				
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c and 1d)	4	•	
f Lobbying nontaxable amount Ent	er the amount from the	following table in both	n columns		r
If the amount on line 1e, column (a) of		bying nontaxable ame			
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000 \$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	\$1,000,0	000			
	•				
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zei	o or less, enter -0-				
i Subtract line 1f from line 1c If zero	o or less, enter -0-		' '	<u></u> .	
j If there is an amount other than ze reporting section 4911 tax for this		line 1, did the organiza	ation file Form 4720		Yes No
		eraging Period Under	section 501(h)		,
(Some organizations t		01(h) election do not ate instructions for lir		of the five columns b	elow.
	<u>.</u>	nditures During 4-Yea	<u>_</u>		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount		A A MANNEY PROPERTY OF CO.	Withhousehhel MR ROTHWAYN RIVAL MAP	IN COUNTY P. TRANSMIK A CARACTER STRAIGHT MAD S.	•
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures			· · · · · · · · · · · · · · · · · · ·		
. d Grassroots nontaxable amount		Šes į lūdynėja į merijojas, tarikose – 188. – 2875 s.	Ayeseley Wijson 28 et il sand Coherson de . 18		٠,
e Grassroots ceiling amount (150% of line 2d, column (e))					
			-		•

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	(4	a)	· (b)
	a 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				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
''	Other activities?		ļ		
•	Total Add lines 1c through 1i		WARE SELECT		
3 2	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	~ 55557 27 4383_1	2" 361 - 963 - 1926" L. C.,	in the same	25 (25) (5*7) - 1
	If "Yes," enter the amount of any tax incurred under section 4912	7.30.361	Safan Adi	interes, des ents, ",	WYEN INVALLED IN
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	· · · · · · · · · · · · · · · · · · ·	4[3]4441448n62 42	756452784680.00.1476×	1527561315162756	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? tylli#A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	1/5) or se	ction	Richard Claritaria
rai	$\frac{(5)(6)}{501}$ 501(c)(6).	1011 00 1(0)	,, 01 30	Clon	
	30 I(U)(U).			Yes	No
	Marine and the standard liver 11 (2000) are seen and all the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and and the standard liver and the s			X	
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?	M	r? 3		X
3 Dår	Did the organization agree to carry over lobbying and political campaign activity expenditures from tilli/Bi Complete if the organization is exempt under section 501(c)(4), sect			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	d "No," O	- 	t III-A, Iir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	licai			
	expenses for which the section 527(f) tax was paid).		<u>02-17/26/08.0</u>		
а	Current year		2a		
þ	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	Milatal.		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	tilVi 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 ground interest and Part II-B, line 1. Also, complete this part for any additional information	ıp list), Part l	II-A, lines 1	and 2 (see	
113111	actions), and rate in b, line in 7430, complete this part of any additional information				
				-	
					•
			_		

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

MEM TEDDITODY D C A

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised		le or Accounts Complete if the		
	organization answered "Yes" on Form 990, Part IV, line		is of Accounts. Complete if the		
	Organization answered Tes On Form 550, Fait IV, line	(a) Donor advised funds	(b) Funds and other accounts		
	Total number at and of year	(a) conor acricos idilas	(b) i direct and direct addodring		
1 2	Total number at end of year				
3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)				
-					
4 5	Aggregate value at end of year	riting that the general hold in denor adv	June of funds		
Э	Did the organization inform all donors and donor advisors in wi				
6	are the organization's property, subject to the organization's ex- Did the organization inform all grantees, donors, and donor ad-	•			
U	for charitable purposes and not for the benefit of the donor or		•		
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No		
Pa	rt II Conservation Easements. Complete if the orga	inization answered "Yes" on Form 990			
1	Purpose(s) of conservation easements held by the organization				
•	Preservation of land for public use (e.g., recreation or ed		storically important land area		
	Protection of natural habitat	· —	rtified historic structure		
	Preservation of open space		The state of the s		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the last		
_	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c		
ď		` '			
-	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	<u> </u>		
	year >	,	· ·		
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		- f		
	violations, and enforcement of the conservation easements it holds?				
6					
	>				
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year		
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	'O(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?		└── Yes No		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for				
	conservation easements				
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.		
	Complete if the organization answered "Yes" on Form 9				
1a	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhib	bition, education, or research in further	rance of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that describe				
b	If the organization elected, as permitted under SFAS 116 (ASC				
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic service, provide the following amounts		
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X		S		
2					
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items			
а	Revenue included on Form 990, Part VIII, line 1		\$		
h	Assets included in Form 990. Part X		▶ \$		

Schedule D (Form 990) 2017 NEW TERRITORY R.C.A. 76-029							<u>ge 2</u>				
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	r Othe	er Sim	<u>nilar Asse</u>	ts(continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	are a s	ignifica	nt use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	d	י עַעַי	Loan or exc	hange progra	ms					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizatio	n's exe	mpt pu	rpose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	r sımıla	r assets		_		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	•	ete if the	organizatio	on answered "	Yes" on	Form 9	990, Part IV,	line 9, or		
			d								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	sets not	inclua	ea —	٦.,		
	on Form 990, Part X?		. 11	- -					_ Yes	ш	No
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	able					A		
	Decimal halance						-		Amount		
	Beginning balance						10				
	Additions during the year						10	1			
e	Distributions during the year						11				
1	Ending balance Did the organization include an amount on F	orm 000 Part V line	21 for	ecrow or c	uetodial accoi	int liabi		<u>'</u>	Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.						•		_ 162	H	140
Par											
		(a) Current year		rior year	(c) Two years			ee years back	(e) Four	vears b	ack
1a	Beginning of year balance	<u> </u>	(2).	nor your	(6)5 jour.	J Julia	10/	oo youro buon	(0) . 52.	,	
	Contributions										
c	Net investment earnings, gains, and losses			-							
_	Grants or scholarships	1							1		
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as.				•		
	Board designated or quasi-endowment	•	%	,							
	Permanent endowment ▶	%									
	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administer	red for t	he orga	anızatıon	_		
	by Yes No										
	(i) unrelated organizations 3a(i)										
	(ii) related organizations								3a(ıi)	\rightarrow	
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
4	Describe in Part XIII the intended uses of the		owment	funds							
Pai											
	Complete if the organization answere					, Part X	, line 10)	 		
	Description of property	(a) Cost or o basis (investi			t or other (other)	٠.	preciat	L L	(d) Book	value	
1a	Land										
b	Buildings								_		
С	Leasehold improvements										
d	Equipment		_								
	Other										
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line	10c)			<u> </u>			<u>0.</u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 NEW TERRITO	RY R.C.A.		76-0292 4 99 Page 3
Part VII Investments - Other Securities.		. •	•
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		·	
(3) Other			
(A)		-	
(B) ·			<u> </u>
(C)			
		,	
(D) .		 	
, <u>· (E)</u>	<u>'</u>		
<u> </u>		•	
• (G)		,	
(H)	-	a arkingangan a a has aakan gen dhanaa waxaanan makinnagan ak kining	college : torqu's transacre es a v 'se close s 'major, a sa green
'Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			ancimikana maringan barat
Part VIII Investments - Program Related.	•		•
 Complete if the organization answered "Yes" 		11c See Form 990, Part X, line 13	<u> </u>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value ,
<u> </u>			•
(2)			
(3)			
(4)			
, (5)			
(6)		-	
			
(7)	,	<u> </u>	•
(8)		· · · · · · · · · · · · · · · · · · ·	· · · · ·
(9)			na-arantan mangatan
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			설소마스마토스)에 작곡용받다 3H 2K 마시 전투에 보답답답되었다면 있었다. 10 - 스트 및 에어보고 시스 시간 대
Part IX Other Assets.	5 000 D-+ 0/ 1	. 44 d O - 5 E 000 D V b 4E	
* Complete if the organization answered "Yes"		e 11d See Form 990, Part X, line 15	(h) Pook value
1	Description		(b) Book value
(1)	<u> </u>		
(2)		· .	
(3)	<u> </u>		
(4)	·		
(5)		<u> </u>	
, (6)		<u> </u>	•
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		•
Part X Other Liabilities.		•	,
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f See Form 990, Part X, line	e 25
(a) Description of liability		(b) Book value	
1.	•		
(1) Federal income taxes	 		
(2)			
(3)	-		
· (4)	1		
(5)			
(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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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	N 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 LAN	KE 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 M	MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:	
REVIEWED BY TREASURER AND BOARD OF DIRECTORS AND APPR	
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 LI	INE 7; SCHEDULE 0
THE ASSOCIATION USES AN EMPLOYEE LEASING FIRM (PEO) TO EM	MPLOY AND PAY
THEIR WORKFORCE. PAYROLL TAX FILINGS ARE REPORTED UNDER	THE EMPLOYEE
LEASING FIRM'S EIN. THE ASSOCIATION'S MANAGER'S SALARY IS	S REPORTED ON
PAGE 7 LINE 1A #8 COLUMN D. EMPLOYEE RELATED EXPENSES HAV	/E BEEN
REPORTED ON PAGE 10 LINE 7 UNDER WAGES. PAYROLL TAXES AF	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.	
FORM 990, PART VI, SECTION C, LINE 19:	•
THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERI	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ASSOCIATION'S V	WEBSITE.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSI	
UTILITIES:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	•
FUNDRAISING EXPENSES	242.005
TOTAL EXPENSES	343,207.
SECURITY:	
PROGRAM SERVICE EXPENSES	. 341,060.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 . edule O (Form 990 or 990-EZ) (2017)
732212 09-07-17 SCH	

Name of the organization NEW TERRITORY R.C.A.	Employer identification number 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 Foot Note	
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	
722212 00.07.17	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2017)	
Name of the organization NEW TERRITORY R.C.A.	Employer identification number 76-0292499
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES .	52,424.
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 I	MEETINGS.
FORM 990, PART XII, LINE 2C	
TREASURER PRIMARILY RESPONSIBLE FOR THESE FUNCTIONS	
732212 09-07-17.	Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization NEW TERRITORY R.C.A.	Employer identification number 76-0292499
DIRECTORS OVERSIGHT AND APPROVAL.	
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