Form 990

Return of Organization Exempt From Income Tax

MB No 1545-0047

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

2018

Department of the Treasur

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

Open to Public

Form 990 (2018)

Inter	nal Re	evenu	e Service	► Go to	www.irs.gov/Form990 for instru	ctions and the la	test inform	nation.		Inspection	
A	For	the	2018 calend	ar year, or tax year begi	nning	, 20	18, and er	nding		, 20	
В	Chec	Check if applicable C Name of organization THE TOWN, CENTER OWNERS ASSOCIATION								Employer identification no.	
	Addr	ess cl	hange	Doing business as					╗.	76-0533645	
П	Nam	e cha	nge		ox if mail is not delivered to street address)			Room/suite		Telephone number	
П	Initial return 2002 TIMBERLOCH PLACE Final return/terminated City or town, state or province, country, and ZIP or foreign postal code							650	- 1	(281) 681-2000	
Ħ								1 030		Gross receipts	
Ħ			return	Spring, TX 773				\$ 2,910,199			
Ħ			n pending	F Name and address of princip				H/a) 1- m/			
ш	Appli	Cauor	1 pending	P Name and address of princip	al omcer		. 1	H(a) is this a group			
_	T				\ 4	<i></i>	N d	H(b) Are all subor			
<u> </u>			ot status	501(c)(3) X 501(c) (4) ((insert no) 4947(a)(1) or	<u> </u>	<i>y</i> —			st (see instructions)	
<u></u>			► N/A	Corporation Trust As		1		H(c) Group exer			
K	Form art I				ssociation Other	L Year of fo	ormation 1	996 M State	of legal of	fomicile TX	
-	т		Summar	×	· · · · · · · · · · · · · · · · · · ·	<u>. t</u>				<u> </u>	
			-	•	sion or most significant activities			was formed			
æ					<u>lsition, construction,</u>						
Activities & Governance					tion consists of owner		residen	tial and co	mmer	cial	
1 5					known as The Town Ce						
ે &					n discontinued its operations or di	sposed of more th	an 25% of	its net assets			
ජ		3	Number of vo	oting members of the gove	erning body (Part VI, line 1a)	• • • • • • •	• • • • •		3	4	
89		4	Number of in	dependent voting membe	rs of the governing body (Part VI,	ine 1b) · · ·			4	4	
Ę		5	Total number	of individuals employed i	n calendar year 2018 (Part V, line :	2a) • • • •			5	0	
Ę		6	Total number	of volunteers (estimate if	necessary)				6	4	
. •		7a	Total unrelate	ed business revenue from	Part VIII, column (C), line 12				7a	0	
<u> </u>		b	Net unrelated	d business taxable income	from Form 990-T. line 38				7b	0	
					RECEIVE	ED		Prior Year		Current Year	
		8	Contributions	and grants (Part VIII, line		∵∵ ,∪↓	[1	0	
'n		9	Program sen	vice revenue (Part VIII, line	e 2g) · 8 · · · · · · · · · · · · ·	,,, , S	[2,514	.351	2,857,992	
Revenue	1	0	Investment in	ncome (Part VIII, column (A), lines 3 and 20 1.1 8.2	nia · 191 · ·	[•	,564	2,707	
3 &	1	11	Other revenu	ie (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10c, and 11e)]≝[,543	49,500	
	1				(must equal Part (1) Column (A),	inhel 112)		2,531		2,910,199	
	1				IX, column (A), lines 1-3)				,	0	
	1	4	Benefits paid	to or for members (Part I)	X, column (A), line 4)		[1	0	
	1	5	Salanes, othe	er compensation, employe	ee benefits (Part IX, column (A), lin	es 5-10)	[0	
Expenses	1			fundraising fees (Part IX,						0	
ë				sing expenses (Part IX, co			• F				
X	1			ses (Part IX, column (A), li	· · · · ———		 . l	3,754	382	817,122	
					equal Part IX, column (A), line 25	٠	🖯	3,754		817,122	
	- 1		•	•	18 from line 12	•	🖯	(1,222			
_	_			o oxponisco ododado: iino	TO HOLLING TE			Beginning of Current	$\neg \neg$	End of Year	
8	د ا د	0	Total assets (Part X, line 16)			H	3,612			
988			•	s (Part X, line 26)			· · · ⊢			3,035,000	
Net Assets or	E 2			fund balances Subtract	line 21 from line 20		⊢	7,978		5,307,658	
	irt I		Signatu		ille 21 iron ille 20		• • • •	(4,365	, / 35)	(2,272,658)	
_					ım, ıncluding accompanying schedules and	statements and to the	hest of my kn	owledge and helief it is	•		
					ficer) is based on all information of which pro-			owicago and oction, it is		1,	
		- Ii							1	15/1/19	
Sig	n		Signature	e of officer	<u> </u>	= .			Date	1-101	
_			Signalur	elli Dieta	1 1/00/10 +				Uale		
He	E	H		Sto Dicivit	1 10 ruen						
			<u> </u>	onnt name and title		15.					
D-:	_		Print/Type prep		Prepare signature CH, CAA	Date		Check 🛚	if PI	TIN	
Pai	-		Teresa (_	I were CA, CAA	05-01-	-2019	self-employe	d	P00041674	
Pre	•		Firm's name	Cox CPA	Services, Inc		_	Firm's EIN			
Use	e O	nly	Firm's address	• ▶ 974 Camg	pbell Road, Suite 106			Phone no			
			<u> </u>	Houston	TX 77024	<u>.</u>		71	.3-6 4	7-0007	
May	the	IRS	discuss this r	eturn with the preparer sh	own above? (see instructions)					· · 🗌 Yes 🐰 No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2018) THE TOWN CENTER OWNERS ASSOCIATION	76-0533645	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	• • • • • • • • • • • • • • • • • • • •	<u></u>
1	Briefly describe the organization's mission:		
	The Organization was formed as the entity responsible for the acquisition, co		
	operation and maintenance of captial improvements. The Association consists of	owners of mix	ked
	residential and commercial property in a development known as The Town Center	·	 _
	Did the organization undertake any significant program services during the year which were not listed on the		
_	pnor Form 990 or 990-EZ?] No
	If "Yes," describe these new services on Schedule O		, 110
á	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	· · · · · · · · Yes k	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 measured	d by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,	
	the total expenses, and revenue, if any, for each program service reported		
			
4a	(Code) (Expenses \$797,334 including grants of \$) (Revenue)
	Organization oversees the acquisition of capital improvements and the mainten	ance of same.	
		_	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
1			
			
			
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O)		
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses > 797,334		

Form 990 (2018)

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Form 990 (2018)

THE TOWN CENTER OWNERS ASSOCIATION

Part IV Checklist of Required Schedules

			Yes_	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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 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 98-19? 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 nght to 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 Schedule D, Part III	8	4	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for 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		X
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,		1	
_	VII, VIII, IX, or X as applicable			لــــا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		v
.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	11a		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	-115		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	i	Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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 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 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20 a		20a		X
. b		20Ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Ч—				
22'	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ	Yes	No
	Part IX, column (A), line 2? 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			<u> </u>
	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		i	
	through 24d and complete 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		
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		Х
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		Х
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		Х
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		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	۱		١,,
20	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		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
31	conservation contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
JZ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	22		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Х
•	or IV. and Part V. line 1 · · · · · · · · · · · · · · · · · ·	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	332		Λ
-	controlled entity 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-chantable	- 005		
	related organization? 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	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2à 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 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? Х 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, 4a a financial account in a foreign country (such as a bank account, secunties account, or other financial account)? Х **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? X Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 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? Х Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Х 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year X If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Fe	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		• • •	<u>. X</u>
<u>260</u>	ction A. Governing Body and Management			
	_		Yes	No
1a	<u> </u>	1		
	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	[1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4		٠	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	٠٠;	-	,
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	٠		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	\overline{x}	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
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	Х	
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	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	 		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			r ,
	with a taxable entity during the year?	16a	i	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			*
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	l		_ ^ ·
	organization's exempt status with respect to such arrangements?	16b	 -	
Sec	tion C. Disclosure	105		
17	List the states with which a copy of this Form 990 is required to be filled			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Vipon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
, •	financial 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			
	FIRST SERVICES RESIDENTIAL (281) 681-2000, 2002 TIMBERLOCH PLACE, Spring, TX 77380		200 /0	040

Form 990 (201						_				76-05336	
Part Vil	Compensation of Officers, Direct Independent Contractors	ctors, Irus	stees	s, M	(ey	En	ipioy	ees	, Highest Con	npensated Em	ployees, and
	Check if Schedule O contains a response or	note to any li	ine in	this	Part	WI			· · · · · · · · · ·		
Section A.	Officers, Directors, Trustees, Key Employ	ees, and Hig	hest	Cor	npe	nsat	ed Em	ploy	905	· · · · · · · · · · · · · · · · · · ·	
1a Complete organization's	this table for all persons required to be listed tax year	Report compe	ensatio	on fo	or th	e cal	endar	year	ending with or with	in the	
	of the organization's current officers, directors, Enter -0- in columns (D), (E), and (F) if no co				vidua	als o	r orgar	ızatı	ons), regardless of	amount of	
 List all o 	of the organization's current key employees, if	any See inst	tructio	ns f	or de	efinit	on of "	key (employee "		
who received i	organization's five current highest compensal reportable compensation (Box 5 of Form W-2 nd any related organizations	ted employee and/or Box 7	s (oth of Fo	er th rm 1	nan a 1099	an of -MIS	ficer, d C) of n	irect nore	or, trustee, or key e than \$100,000 from	employee) n the	
• List all o \$100,000 of re	f the organization's former officers, key emplo portable compensation from the organization	oyees, and hig and any relate	ghest ed org	com ganız	pen: zatro	sate	d empl	oyee	s who received mo	re than	
List all o organization, n	f the organization's former directors or trust nore than \$10,000 of reportable compensation	ees that recein from the org	ived, i aniza	in th tion	e ca and	paci any	ty as a related	form	er director or truste anizations	ee of the	
List persons in	the following order: individual trustees or dire	ctors, institute	onal t	ruste	ees,	offic	ers, ke	y em	ployees, highest		
compensated	employees; and former such persons				•			-			
Check this	box if neither the organization nor any related	d organization	comp	pens	sated	d any	/ curre	nt of	icer, director, or tru	stee.	·
						(C)					
	(A)	(B)	140			ositio	n than one		(D)	(E)	(F)
	Name and Title	Average					is both a		Reportable	Reportable	Estimated
		hours per week (list any	offi	icer a	nd a	directo	or/trustee)	compensation from	compensation from related	amount of other
		hours for			т.	Τ.	1	T _	the	organizations	compensation
		related organizations below dotted line)	or director	hadaudust trustee	Institutional fruston	Ney employee	employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KELLY D		_ 2.00_	Х		>	ζ			0	0	0
(2) ALEX SU Directo		2.00	Х							0	0

2.00

2.00

Х

Х

0

0

0

Form 990 (2018)

(3) ROBERT HEINEMAN

SECRETARY
(4) AMY BROWN
TREASURER

(7)

(9)

(12)

(13)

(14)_

EEA

(10)

(11)

Section A. Officers, Directors, Trustees, (A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an er officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
•	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)	·					-				
(16)										
<u>(17)</u>										
(18)′						_				
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)				Ì						
1b Sub-total	n A						•	0	0	0
2 Total number of individuals (including but not limited reportable compensation from the organization	to those liste	d abov	e) w	ho re	ecei/	ved m	ore th	nan \$100,000 of	0	
 3 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J 4 For any individual listed on line 1a, is the sum of reporganization and related organizations greater than individual	for such indiversals ortable comp \$150,000? If	ridual ensatio "Yes," (on an	nd ot	her o	compe nedule	nsat	non from the		Yes No
for services rendered to the organization? If "Yes," of Section B. Independent Contractors	•		-			-				5 X
Complete this table for your five highest compensation from the organization. Report compensation year.								-		
(A) Name and business address								(B) Description of s	services	(C) Compensation
Total number of independent contractors (including treceived more than \$100,000 of compensation from			se lis	sted	abov	ve) wh	0			

		Check if Schedule O contains a r	response or no	te to any line in this	s Part VIII		<u></u> .	[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- v a	1a	Federated campaigns	1a					
an ta	b	Membership dues	1b		1			
ي ق	c	Fundraising events	1c		1			
ifts ar A	d	Related organizations	· · · 1d		1			
š E	e	Government grants (contributions)	1e		1			
r S	f	All other contributions, gifts, grants,	,		1		•	
룓		and similar amounts not included a	bove 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in I	ines 1a-1f \$		1			
	h Total. Add lines 1a-1f							
_		_		Business Code	-			
Ĕ	2a	MAINTENANCE ASSESSMENTS	<u> </u>	531390	2,857,992	2,857,992		
Š	b							
Program Service Revenue	С							
Sen	d							
E	9					·	_	
ğ		All other program service revenue						<u></u>
	9	Total. Add lines 2a-2f	· · · · · · ·	· · · · · · >	2,857,992			
1	3	Investment income (including divider and other similar amounts)			2,707	2,707		
	4	Income from investment of tax-exem	pt bond proce	eds · · · ▶		<u></u>		
	5	Royalties · · · · · · · · · · · · · · · · · · ·		<u></u> ▶				
			(i) Real	(ii) Persona!		1		
	6a	Gross rents						
	i i	Less rental expenses · · · ·						
		Rental income or (loss) · · ·	- .					
	d	Net rental income or (loss)		· · · · · · • >				
	7a	Gross amount from sales of	i) Secunties	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses · · · ·		· ·				
	ı	Gain or (loss)						·
	1	Net gain or (loss)						
Revenue	ва	Gross income from fundraising						
8		events (not including \$						
_		of contributions reported on line 1c) See Part IV, line 18	_					
Other		Less: direct expenses						
U		Net income or (loss) from fundraising						
	ı	Gross income from gaming activities	· .					
	"	See Part IV, line 19 · · · · · · ·				,		
	Ь	Less direct expenses				•		
	ı	Net income or (loss) from gaming act						
		·	[
		Gross sales of inventory, less returns and allowances				=		
		Less: cost of goods sold						
	c	Net income or (loss) from sales of inv	rentory • •		_			
	44-	Miscellaneous Revenue		Business Code				
		<u>Other</u>		531390	49,500	49,500		-
	b		— — —					
	d	All other revenue						
	l	Total. Add lines 11a-11d	L		40 505			
	1	Total revenue. See instructions •			49,500 2,910,199	2 010 100		
					2,310,199	2,910,199	0	. 0

Form 990 (2018) THE TOWN CENTER OWNERS ASSOCIATION Part IX Statement of Functional Expenses

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a response or note to	any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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									
	ındıvıduals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	ındıvıduals. See Part IV, lines 15 and 16									
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)									
7	Other salanes and wages									
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	9,396		9,396						
b	Legal	828		828						
C	Accounting	6,500	. —	6,500						
d	Lobbying			-						
9	Professional fundraising services See Part IV, line 17		·							
f	Investment management fees									
8	Other (If line 11g amount exceeds 10% of line 25, column									
12	(A) amount, list line 11g expenses on Schedule O.)	3,064		3,064						
13	Office expenses	-								
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									
23	Insurance									
24	Other expenses Itemize expenses not covered		,		ļ					
	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)									
a	Improvements	468,557	468,557							
þ	Bad debt	44,700	44,700							
q	Interest	278,252	278,252							
d e	Insurance All other expenses	5,825	5,825							
25	Total functional expenses. Add lines 1 through 24e .	017 100	707 224	10 700						
26	Joint costs. Complete this line only if the	817,122	797,334	19,788	0					
	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation. Check here			ŀ						
	following SOP 98-2 (ASC 958-720)	_								

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 22,558 1 613,843 2 1,547,676 2 278,543 3 Pledges and grants receivable, net 3 Accounts receivable, net 504 4 100,091 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 523 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c 11 11 Investments - other securities. See Part IV, line 11 12 12 2,042,000 2,042,000 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,612,738 3,035,000 17 Accounts payable and accrued expenses 17 680,072 2,001,062 18 18 19 19 1,458 9,653 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 7,296,943 3,296,943 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities Add lines 17 through 25 26 7,978,473 5,307,658 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds (4,365,735)32 (2,272,658)33 33 (4,365,735)(2,272,658)34 Total liabilities and net assets/fund balances 34 3,612,738 3,035,000

		6-0533	3645	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		. 🗌
Ì	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	910,	199
2	Total expenses (must equal Part IX, column (A), line 25)	2		817,	
3	Revenue less expenses Subtract line 2 from line 1	3	2,	093,	077
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			735)
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			
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	(2,	272,	658)
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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				- 1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			,	1
	reviewed on a separate basis, consolidated basis, or both			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			45	٠. ا
b	Were the organization's financial statements audited by an independent accountant?		· • 2b	$\overline{\mathbf{x}}$	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-, s	,	•
	separate basis, consolidated basis, or both		d p	,	
	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				2.
	of the audit, 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		7 1 4		40
	Schedule O.			4.T.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)

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

2018

Open to Public Inspection

reame	s of the organization	Employer identification number
TH	E TOWN CENTER OWNERS ASSOCIATION	76-0533645
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year)	
3	Aggregate value of grants from (dunng year)	
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 advised	
	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in	anortant land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser	vation
	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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
_	histonic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
•	tax year	on during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
•	>	Soments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
	>\$	one daming the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	
	organization's accounting for conservation easements	50.1500 4.10
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	ce sheet
-	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide the following amounts relating to these items	idite of
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▼
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	
-	- · · ·	ide rife
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	► •
a	Revenue included on Form 990, Part VIII, line 1	<u>P</u> \$
	Francis in an activity of the Control of the Contro	= >

_	dule D (Form 990) 2018 THE TOWN CENTER				76-05336		Page 2		
Pa	rt III Organizations Maintaining Co	ollections of Art, I	<u> Historical Tr</u>	easures, or Oth	<u>ner Similar Asse</u>	ts (continu	ıed)		
3	Using the organization's acquisition, accession, ar	nd other records, check	any of the follow	ring that are a signific	ant use of its				
•	collection items (check all that apply).								
а	Public exhibition	d Loan or	exchange progr	ams					
b	Scholarly research	e 🗌 Other							
C	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain how the	y further the org	anization's exempt p	urpose in Part				
	XIII.	·		• •	•				
5	During the year, did the organization solicit or rece	eive donations of art, his	toncal treasures	, or other similar					
	assets to be sold to raise funds rather than to be n			•		· Yes	□No		
Pa	rt IV Escrow and Custodial Arrange				-				
	Complete if the organization ans		rm 990. Par	t IV. line 9. or rei	oorted an amoun	t on Form			
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or	other intermediary for co	ontributions or o	ther assets not					
						. Yes	П№		
ь	If "Yes," explain the arrangement in Part XIII and c					. 🗀 163			
_	. Too, explain the distingement in Fart Air and o	omplete the following to	DIC .		Amo				
С	Beginning balance			<u> </u>	ic Allio	unt			
٦					d				
е					9				
f	Ending balance				f				
2a	Did the organization include an amount on Form 9			<u></u>	• • • • • • • •				
b	If "Yes," explain the arrangement in Part XIII. Chec			•		_	∐ No		
	rt V Endowment Funds.	ik nere ir the explanation	nas been prov	ded on Part XIII		• • • • • •	<u>· U</u>		
. a	Complete if the organization ans	word "Voc" on Ea	rm 000 Bad	HV line 10					
	Complete if the organization ans	- <u> </u>		T		Т			
4-	Beauting of very holonor	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years	back		
1a	Beginning of year balance								
b	Contributions					 			
С	Net investment earnings, gains, and								
_	losses				ļ	ļ			
đ	Grants or scholarships				<u> </u>				
e	Other expenditures for facilities and				•				
	programs								
f	Administrative expenses								
g	End of year balance					L			
2	Provide the estimated percentage of the current ye	ear end balance (line 1g	column (a)) hel	d as					
а	Board designated or quasi-endowment	%							
Ь	Permanent endowment > %								
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should ed								
3a	Are there endowment funds not in the possession	of the organization that	are held and adı	ministered for the					
	organization by					Yes	No		
	(i) unrelated organizations		· • • • • • • •			3a(i)			
	(ii) related organizations					3a(ii)			
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on So	hedule R?			3b			
4	Describe in Part XIII the intended uses of the organ	nization's endowment fu	nds						
Pai	rt VI Land, Buildings, and Equipme								
	Complete if the organization ans	wered "Yes" on Fo	rm 990, Part	IV, line 11a. Se	e Form 990, Part	X, line 10.			
	Description of property	(a) Cost or other basi	· ·		Accumulated	(d) Book value			
	- 	(investment)	1 ''	1 ''	depreciation		,		
1a	Land		-						
b	Buildings			1					
c	Leasehold improvements								
d	Equipment								

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

.

	Complete if the organization answere	ed tes on Form 990, Pa	In IV, line IID. See Form 990	, Paπ X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year marke	
(1) Financial of	denvatives			
	old equity interests			
(3) Other				
	y linked cd's	2,042,000	Cost	
(B)				
(C)				
(D)				
_(E)				
_(F)			_	
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12)	2,042,000		
Part VIII	Investments - Program Related.	-	•	
	Complete if the organization answere	<u>d "Yes" on F</u> orm 990, Pa	rt IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)			-	
(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
(4)				· · ·
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answere	d "Yes" on Form 990, Pa	rt IV, line 11d. See Form 990.	Part X. line 15.
		Description Percentage Property Percentage Pro		(b) Book value
(1)				(b) Book Yalao
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			 -	
(8)			 -	
(9)				
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.		• • • • • • • • • • • • • • • • • •	
· u···×	Complete if the organization answere line 25.	d "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in		(b) Book value	The wife expenses a	escuencials species except
(2)			The second of the second	1 W
(3)				
	<u> </u>		_	
<u>(4)</u> (5)			The state of the state of the state of	eraci s ti, ,
			-	
(6)		·		
(7)				
(8)			-	
(9)			-	
	nust equal Form 990, Part X, col (B) line 25)		<u> </u>	
Liability for u	incertain tax positions. In Part XIII, provide the text	t of the footnote to the organizati	on's financial statements that reports	the
	ability for uncertain tax positions under FIN 48 (AS			

ched		6-0533645	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,910,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	1 1	
b	Donated services and use of facilities	1	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	1	2,910,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,910,199
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		2,310,133
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	817,122
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	 	OII, ILL
a	Donated services and use of facilities	1 1	
b	Pnor year adjustments	1 1	
c	Other losses · · · · · · · · · · · · · · · · · ·	-	
d	Other (Describe in Part XIII)	-	
	Add lines 2a through 2d	28	
3	Subtract line 2e from line 1	3	817,122
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	- 	017,122
a	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
ь	Other (Describe in Part XIII)	┤	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	817,122
	rt XIII Supplemental Information.		017,122
; Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			
	· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE O (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.

OMB No 1545-0047 2018

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number

Internal Revenue Service

Department of the Treasury Name of the organization THE TOWN CENTER OWNERS ASSOCIATION

THE TOWN CENTER OWNERS ASSOCIATION	76-0533645
01. Management duties delegation (Part VI, line 3)	
Association employes a management entity to oversee daily operations at the	direction of
the board of directors.	
02. Members or stockholder classes and rights (Part VI, line 6)	
Each property owner is a member of the Association with voting rights.	
	١
03. Member election for additional members (Part VI, line 7a)	
The board of directors is elected by the owners/members.	
04. Governing body decisions (Part VI, line 7b)	
Changes to by-laws must be approved by the membership.	
05. Committee meeting documentation (Part VI, line 8b)	
No committee with authority to act on behalf of association.	
06. Form 990 governing body review (Part VI, line 11)	
The prepared taxreturn is provided to the treasurer and board for approval	prior to
submission.	
07. Conflict of interest policy compliance (Part VI, line 12c)	
Each nominee for board of directors is required to provide information rega	rding conflicts
before accepting nomination.	
08. Governing documents, etc, available to public (Part VI, line 19)	
Governing documents are provided to each owner at purchase and are available	e upon request

Name of the organization	Employer Identification number
THE TOWN CENTER OWNERS ASSOCIATION	76-0533645
at the managing agent office.	
	
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Schedule O (Form 990 or 990-EZ) (2018)

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