	Form	9	90	Retur	n of Organization Exer	npt From Ir	icome i	Tax		01/10/10/10/19		
	(Rev	lanuar	y 2020)	Under section 501/	c), 527, or 4947(a)(1) of the Internal	Payarua Coda (a	veent neive	to found	dations)	2019		
	(1704 .	variuai	y 2020)		nter social security numbers on thi					Woman Charles		
			the Treasury		· ·	-	•		191/4	Open to Public		
			ue Service		www.irs.gov/Form990 for Instructio		_		1 11/1	, 20		
		For the 2019 calendar year, or tax year beginning , 2019, and ending Check if applicable C Name of organization/THE TOWN CENTER OWNERS ASSOCIATION D Employer is										
	\neg		• •		HE TOWN CENTER OWNERS AS	SOCIATION	-			dentification number		
	_	ddress	•	Doing business as		*				-0533645		
	_	ame ch	•		O box if mail is not delivered to street address)		Room/suite		E Telephone n			
	_	utial retu		2002 TIMBERLOC	··		65	0	(281) 681-2000			
	≓ ``		m/terminated	•	ovince, country, and ZIP or foreign postal code				G Gross recel	pts		
	_	mended		Spring, TX 773					\$	3,105,016		
	」 △	pplication	on pending	F Name and address of pr	nnapal officer		H(a) is this a g	roup return for subo	ordinates? Yes X No		
							H(b) Are all s	ubordinates inclu	uded? Yes No		
				1(c)(3) X 501(c) (4) (insert no) 4947(a)(1) or	<u> </u>	, -	if "No," a	attach a list (see	instructions)		
		/ebsite				 	H(c) Group	exemption numb	per ►		
				rporation Trust As	sociation ☐ Other ►	L Year of formate	on 1996	M S	tate of legal dom	nicile TX		
	Par		Summary	 								
		1	-	•	-	The Organiza						
	ė				sition, construction, or							
	anc				ion consists of owners	of mixed res	identia	l and	commerci	al property		
	E	١.	in a devel	opment known as	The Town Center.				7			
	Activities & Governance	2	Check this box	If the organization	n discontinued its operations or dispos	sed of more than &	SE4ME	tassets	1 .			
	⊙	3	Number of votin	g members of the gove	ming body (Part VI, line 1a)	• • • • • • • • • • • • • • • • • • • •	······································		3			
	es	4	Number of inde	pendent voting member	rs of the governing body (Part VI, line			շր 👯	4			
	Ξ	5			calendar year 2019 (Part V, line 2a)	[본] · NO.V	0.9.20	را ۱۰۰	5	0		
	Ç	6	Total number of	volunteers (estimate if	necessary) · · · · · · · · · · · · · · · · · · ·	· · ⁽ <u>· · · · · · · · · · · · · · · · · · ·</u>	<u> </u>		6			
		7a	Total unrelated I	ousiness revenue from	Part VIII, column (C), line 12	നദ	DEN; !	JŦ	7a	0		
		b	Net unrelated be	isiness taxable income	from Form 990-T, line 39 · · · ·	· • • · · · · · · · · · · · · · · · · ·			7b	0		
							Р	rior Year		Current Year		
	_	8		id grants (Part VIII, line	•		٠			0		
	Revenue	9	_	•	e 2g)		•	2,857	, 992	3,050,471		
	Š	10			A), lines 3, 4, and 7d)		•	2	,707	3,079		
	ž	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			49	,500	51,466		
		12			must equal Part VIII, column (A), line	12)	•	2,910	,199	3,105,016		
		13			X, column (A), lines 1-3)	• • • • • • • •	•			. 0		
		14		or for members (Part IX			•			0_		
	ses	15			e benefits (Part IX, column (A), lines 5	5-10)	٠			0		
	Ž.	16a		draising fees (Part IX, o		• • • • • • • •	•			0		
202	Expens	, b		expenses (Part IX, col		0_						
29	Ш	17		(Part IX, column (A), lir		• • • • • • • •	•		,122	745,245		
6		18			equal Part IX, column (A), line 25)	• • • • • • • •	٠		,122	745,245		
		19	Revenue less ex	penses Subtract line	18 from line 12	• • • • • • • • •	•	2,093	,077	2,359,771		
JAN	900							g of Curre		End of Year		
≤	Assets or Balances	20	Total assets (Pa			• • • • • • • • •		3,035		3,422,850		
$\dot{\Box}$	4 F	21	Total liabilities (F					5,307		3,335,737		
Ĭ,	Par	22	Signature	nd balances Subtract I	ine 21 from line 20	• • • • • • • •	· (2,272	, 658)	87,113		
2					m, including accompanying schedules and stater			4 5 . 4 . 6				
4	rue, a	orrect, a	ind complete. Declara	tion of preparer (other than offi	rn, including accompanying schedules and stater icer) is based on all information of which prepare	ments, and to the best o r has any knowledge	i my knowiedgi	e and belief	, it is			
C			. 1/				_		10	10/100		
V,) Sign		Signature of	officer		·			[0]	15/2020		
	Here		Signature or t	Silicer					Date /	,		
•	1616		Type or eggt	name and title	-					_		
-			· · · · · · · · · · · · · · · · · · ·		Description Zelon	- · _{[a} ,		1	— Г			
	3 _:_		Print/Type prepare		Preparer's signature	Date		Check	X r PTIN			
	Paid		Teresa Co		Tuesa CA, CPA	05-23-20	20	self-empl	oyed P	00041674		
	•	arer			Services, Inc		Firm's	EIN P				
•)26	Only	Firm's address	-	bell Road, Suite 106		Phone					
-			<u> </u>		TX 77024			<u>-</u>	713-647-			
-					own above? (see instructions)		· · · · · ·	• • • •	<u></u>	· Yes X No		
										Form 990 (2019)		

_	n 990 (2019) THE TOWN CENTER OWNERS ASSOCIATION	76-0533645	Page 2
Pa	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	· · · · · 🔲
1	Briefly describe the organization's mission		
	'The Organization was formed as the entity responsible for the acquisition, co	onstruction,	.
	operation and maintenance of captial improvements. The Association consists of		xed
	residential and commercial property in a development known as The Town Center	<u>e. </u>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	□ v _{oo} [No
	If "Yes," describe these new services on Schedule O	⊟ tes [ZI NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?		ζ No
	If "Yes," describe these changes on Schedule O	100 %	1
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d bv	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$	·)
	Organization oversees the acquisition of capital improvements and the mainten	nance of same.	
			
		<u> </u>	<u> </u>
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue)
			 '
4c	(Code) (Expenses \$ including grants of \$) (Revenue		
70	(Code) (Expenses \$) (Revenue	J	
			
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 725_436		



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Form 990 (2019)

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		_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		Х
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	۱ ـ	1 :	
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		۱
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.	•		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		X
-	complete 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 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 donor-restricted endowments			
	or in 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,			
	VII, VIII, IX, or X as applicable			
•	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
ı	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 16? If "Yes," complete Schedule D, Part VII	11b	х	
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
•	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		<u> </u>
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI and XII	12a	x	
b			^	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		<u> </u>
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			
4-	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			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>_x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	45		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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	4.		••
20 a		19		<u> </u>
zu a b	Anna mara and an anna anna anna anna anna anna	20a 20b	_	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00		
	domestic government on Part IX, column (A), tine 1? If "Yes," complete Schedule I, Parts I and II	21		x
_			1	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		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			
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u>_x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	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	256		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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)	·		1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- '
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		ļ	
	"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? 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,"	22	'	
22	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		X
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		J.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
J-4	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X_
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			
	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			
	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			$\overline{}$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	x	<u></u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		丄丄
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			J
	reportable gaming (gambling) winnings to prize winners?	1c		
EEA		⊦om	990 (2	2019)

			Yes	No
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 2a 0			
ь	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		×
ь	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, secunties account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			- 4
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	i		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	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 any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	l	1
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? - · · · · · · · · · · · · · · · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • • • •	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h		l
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			•
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	-		•
Þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		.	
Þ	Gross income from other sources (Do not net amounts due or paid to other sources	<i>'</i>		
	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?	12a		
Þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
Þ	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	اب		لــــــا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		X
	If "Yes," complete Form 4720, Schedule O.			1

Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	Vo"		
	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			. 🔀
Sec	ction 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			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			ł
	committee, explain on Schedule O			1
.				
b	Enter the number of voting members included in line 1a, above, who are independent	-		1
2				<u> </u>
_	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customanily 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		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	<u> </u>	
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			
а	The governing body?	8a	х	
þ	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 on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	х	
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	x	
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?		1	1
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		×
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		-	 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		j]
u	with a taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		-
þ	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ļ
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b	1	
	List the states with which a copy of this Form 990 is required to be filed			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain on Schedule O)			
19				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	Describe on 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	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			

Form 990 (201		76-0533645	Page
Part VIII	Compensation of Officers, Directors, Trustees, Key Emp	oyees, Highest Compensated Employees	, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗆
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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relative (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not che unles er and	Pos eck m ss per	(C) sition nore the son is rector	nan one an Highest compensated employee	1	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kelly Dietrich	2.00			_						
President		х		Х			_		0	0
(2) Alex Sutton	2 .00	l						_		
Director (2)		Х	\dashv	\dashv			\dashv	0	0	
(3) Robert Heineman	2 _0_0	ľ				- 1		_		_
Secretary		Х	\dashv	Х			\dashv	0	0	0
(4) Amy Brown	2.00		1		ľ	Ì	1			•
Treasurer		х		Х				0	0	0
(5) Eric Rabel	2.00						l			•
Vice President		X		Х			_	0_	0	0
(6) Fred Domenick	2 .00							_		
Director (7)		Х	\dashv				\dashv	0	0	0
(7) Sean Quinn	2.00			i			ľ			
Director		Х	\vdash					0	0	0
<u>(8)</u>										
<u>(9)</u>										
(10)										
(11)										
(12)										
(13)										
(14)				7						
EEA	1					1				Form 990 (2019)

Page 8

(A) Name and title		(B) Average hours per week	Average box, unless person is both a officer and a director/trustee list any						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization ai related organiza		
(15)													
<u>(16)</u>													
(17)						_							
(18)													
(19)										·			
(20)													
(21)										· · · · · · · · · · · · · · · · · · ·	, -		
(22)									-				
(23)									-				
(24)										-		_	
(25)													
c Total from continuation	on sheets to Part VII, Secti	on A .						•				_	
2 Total number of individe	uals (including but not limite	d to those list							0 than \$100,000 of	0		0	
3 Did the organization liss employee on line 1a? It 4 For any individual listed organization and relate	t any former officer, director f "Yes," complete Schedule of d on line 1a, is the sum of red d organizations greater than	r, trustee, key I for such ind portable com	lividua pensa f "Yes,	tion a	 and	 othe	r comp	pens	ation from the		3	No X	
5 Did any person listed o for services rendered to	n line 1a receive or accrue on the organization? If "Yes,"	compensation	n from	any ı			_	nızat	tion or individual			x x	
Section B. Independen 1 Complete this table for	t Contractors your five highest compensal	ted independ	ent co	ntrac	etors	that	recen	ved r	more than \$100 000	n of			
	organization Report compe												
	(A) Name and business address		_						(B) Description of service	S	(C) Compensation		
												<u>_</u>	
	ndent contractors (including			ose l	liste	d ab	ove) w	/ho				 	

		Check if Schedule O co	ontains a response	e or n	ote to any line in thi	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns •		1a	I	 		 	sections 512-514
	"E			1b	 				
ats	[Fundraising events		1c		_			
2 <u>5</u>	ا			1d]	
ξĘ	1	-		1e		_			
2 =	e	 Government grants (cont All other contributions, git 		l e		4			
Sir	'	. •		45					
Contributions, Giffs, Grants and Other Similar Amounts	١.	and similar amounts not i		1f	 	-			
튵혖	9	Noncash contributions inc lines 1a-1f			•				
SE	١.	Total. Add lines 1a-1f		1g	\$				
	 "	Total. Add lines 14-11	-	• • •	<u> </u>				
	1				Business Code				
Program Service Revenue	1 .	Maintenance Asses	531390	3,050,471	3,050,471				
	b							<u> </u>	
en S	C		<u>-</u>						-
<u>8</u> <u>a</u>	d		 			-			
§_	9	All alban annun annun annun							
<u>~</u>	1	All other program service r							<u></u>
	1 -	Total. Add lines 2a-2f			-	3,050,471	<u>د</u>	1	
	3	Investment income (includ							
		other similar amounts) •				3,079	3,079		
	4	Income from investment of	•	•					_
	5	Royalties				-			
			(i) Real		(II) Personal	, .		, ,	' '
	1	Gross rents				-		' 5	
	1	Less rental expenses				<u> </u>		,	
	,	Rental income or (loss)	[6c]		l	<u> </u>			
	"	Net rental income or (loss)			T .	. –			
	7a	Gross amount from sales of assets	(i) Secuntie	es	(ii) Other				
	þ	other than inventory Less cost or other basis and sales expenses	7a						,
2	_	•	7b	_		1	-		
Š		Gain or (loss)							
E C	1	Net gain or (loss) Gross income from fundrai		÷	· · · · · · · · · · · · · · · · · · ·				
Other Revenue	Oa		ising	ł			4		'
0		events (not including \$ _	- l						
	1	of contributions reported or 1c) See Part IV, line 18							
	١.	Less: direct expenses		8a 8b					
	1	Net income or (loss) from fi							
	1	Gross income from gaming	_	Ė	· · · · · · •				
	34	activities, See Part IV, line	-						
		Less. direct expenses •		9a					
	1	•		9b					
	Į	Net income or (loss) from g	_	<u> </u>	· · · · · · •				=
	10a	Gross sales of inventory, le returns and allowances •		10a					
	١.						i		
	ı	Less cost of goods sold		10b					
	 c	Net income or (loss) from s	ales of inventory	•••	· · · · · · •				
ຫ	11-	Dad date			Business Code				
o er	i	Bad debt recovery			531390	50,000	50,000		
llar en		Other income		—	531390	1,466	1,466	· -	
Miscellanous Revenue	G	All other revenue							<u> </u>
Ξ̈́		All other revenue						k 1 -	
		Total. Add lines 11a-11d Total revenue. See instruc	tions.			51,466 3 105 016	3 105 016		
		TAME REVENUE, SEE INSURC				4 105 076	4 INE 016	Λ.	

Form 990 (2019) THE TOWN CENTER OWNERS ASSOCIATION Part IX | Statement of Functional Expenses

	Check if Schedule O contains a response or note to a	any line in this Part IX			· · · · · · ·
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	_			
_	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and				•
	foreign individuals See Part IV, lines 15 and 16 · · · ·			;	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	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)			i	
9	Other employee benefits				
10	Payroll taxes				· ·
11	Fees for services (nonemployees)	-			
а	Management	9,678		9,678	
b	Legal	973		973	
С	Accounting	6,500		6,500	
d	Lobbying			3/333	
е	Professional fundraising services See Part IV, line 17		,		
f	Investment management fees		·		
g	Other (If line 11g amount exceeds 10% of line 25, column	-			· · · · · · · · · · · · · · · · · · ·
_	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	2,658		2,658	
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	_			
	above (List miscellaneous expenses on line 24e If	- La	فين نها دي ديد	• • •	•
	line 24e amount exceeds 10% of line 25, column	•		,	
	(A) amount, list line 24e expenses on Schedule O)		•	, ,	
а	Improvements	502,641	502,641		
b	Interest	202,422	202,422		
C	Landscaping	14,435	14,435		
d	Insurance	5,938	5,938		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e- · ·	745,245	725,436	19,809	0
26	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				
	following SOP 98-2 (ASC 958-720)		I	ļ.	

EEA

Form 990 (2019)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 613,843 759,378 2 2 278,543 999,220 3 Pledges and grants receivable, net 3 4 100,091 46,972 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 523 9 280 Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10a Less, accumulated depreciation 10b 10c 11 11 12 Investments - other securities See Part IV, line 11 2,042,000 12 1,617,000 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 33) 16 3,035,000 3,422,850 17 2,001,062 17 1,060 18 18 19 19 9,653 37,734 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 3,296,943 3,296,943 24 Unsecured notes and loans payable to unrelated third parties 24 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 5,307,658 3,335,737 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Assets or Fund Balances Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 (2,272,658)87,113 32 (2,272,658)87,113 33 33 3,035,000 3,422,850

Form	1990 (2019) THE TOWN CENTER OWNERS ASSOCIATION	76-053364	5	P	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				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,	105	016
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			245
3	Revenue less expenses Subtract line 2 from line 1	. 3	2	359	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			658)
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 on Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		87.	113
Pai	rt XII Financial Statements and Reporting	· ·	_		
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \Box$
				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			ŀ	
	Schedule O			ŀ	
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				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	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 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 on				
	Schedule O				ļ
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
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<i>.</i>	3b		
EFA				990 (2	2019)

SCHEDULE D (Form 990)

Department of the Treasury

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

2019

Open to Public Inspection

Interna	Revenue Service	► Go to www.irs.gov/Form9	90 for instructions and the latest informati	on.	inspection
Name	of the organization			Employer identificati	on number
THE TOWN CENTER OWNERS ASSOCIATION			76-053364	15	
Par			inds or Other Similar Funds or Accor	unts.	·———
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.		
	1		(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at en	d of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (dunng year) · · · · ·		<u> </u>	
4	Aggregate value at	t end of year		<u> </u>	
5	Did the organization	on inform all donors and donor advisors in wr	iting that the assets held in donor advised		
	funds are the organ	nization's property, subject to the organizatio	n's exclusive legal control?		· Yes No
6	Did the organization	on inform all grantees, donors, and donor adv	visors 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		
				· · · · · · · · · · · · ·	Yes No
Par		vation Easements.			
		e if the organization answered "Yes" or			
1		servation easements held by the organization			
		f land for public use (e g , recreation or educ		f a historically impor	
	Protection of n		Preservation of	a certified historic	structure
	☐ Preservation o	•			•
2 (•	•	conservation contribution in the form of a cor	nservation	
		ast day of the tax year		Held a	t the End of the Tax Year
а		nservation easements	• • • • • • • • • • • • • • • • • • • •	· · 2a	
b		•	• • • • • • • • • • • • • • • • • • • •		
С		vation easements on a certified historic struct	, <i>,</i>	· · 2c	- · · · · · · · · · · · · · · · · · · ·
d		vation easements included in (c) acquired aft			
		•	• • • • • • • • • • • • • • • • • • • •		
		ration easements modified, transferred, relea	ised, extinguished, or terminated by the organ	nization during the	
	tax year ►	 ,			
		where property subject to conservation easen			
	_	tion have a written policy regarding the period			п., п.,
		procedure of the conservation easements it has			· Yes No
6	Stair and volunteer	nours devoted to monitoring, inspecting, nai	ndling of violations, and enforcing conservation	on easements dunn	g the year
-	Amount of oursess		fl-h		
7	► \$	es incurred in monitoring, inspecting, nandling	g of violations, and enforcing conservation ea	ssements auring the	year
8		untion accompation and an lune 2(d) above	ant of the second of a state 470/b)/41/	(0)(1)	
			satisfy the requirements of section 170(h)(4)((B)(I)	
	and section 170(h)	· · · · · ·			· Yes No
		· · · · · · · · · · · · · · · · · · ·	easements in its revenue and expense state	•	
		nuclade, if applicable, the text of the loothood	e to the organization's financial statements the	at describes the	
Par			of Art, Historical Treasures, or O	ther Similar A	ceate
- 41		te if the organization answered "Yes" o	•	diei Sililiai A	33513.
1a			not to report in its revenue statement and bal	ance cheet works	
		·	exhibition, education, or research in furthera		
		Part XIII the text of the footnote to its financial	·	nce of public	
				a shoot wades of	
			to report in its revenue statement and balance shibition, education, or research in furtherance		
		g amounts relating to these items	and a resident of testal and an interest of the second of	e or public service,	
	•	9		► €	
	* *	•	· · · · · · · · · · · · · · · · · · ·	· _	
				· -	
			ures, or other similar assets for financial gain,	provide the	
	=	required to be reported under FASB ASC 958	_	. .	
				· -	
L)	maseta ilitiluuen III I	OIIII 330, Fail A		· · · · · • - X	

	ule D (Form 990) 2019 THE TOWN CENTER						76-053		Page 2
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)								
3	Using the organization's acquisition, accession	n, and other records,	check any of t	he follow	ving that make	sıgnifi	cant use of its		
	collection items (check all that apply)								
а	Public exhibition		d □	Loan o	r exchange pro	ograms	,		
ъ	Scholarly research		e 🗍	Other					
С	Preservation for future generations		_	_					
4	Provide a description of the organization's coll	ections and explain h	ow they furthe	r the ord	anızatıon's ex	empt c	urpose in Part		
	XIII.	•	, , , , , , , , , , , , , , , , , , , ,	_	,				
5	During the year, did the organization solicit or	receive donations of	art, historical ti	reasures	s, or other simil	lar			
-	assets to be sold to raise funds rather than to l							. Yes	s 🗌 No
Pai	t IV Escrow and Custodial Arra		_						
	Complete if the organization a		on Form 99	0. Par	t IV. line 9.	or re	ported an ame	ount on F	orm
	990, Part X, line 21.				,				
	Is the organization an agent, trustee, custodial	n or other intermedia	v for contribut	ons or o	other assets no	ot .			
								Yes	s \square No
ь	If "Yes," explain the arrangement in Part XIII a							🗀	
-	The state of the s		www.g aab.o				Δr	nount	
С	Beginning balance					1c		- Iourk	
d	Additions during the year					1d	+		
8						10	+		
f	Ending balance					16	 		
2a	Did the organization include an amount on For					· —		Yes	s No
	If "Yes," explain the arrangement in Part XIII. C		•			•		_	
	t V Endowment Funds.	oneok here it the expi	anauon nas bi	ecii piov	nded on Fait A	-			<u>. L</u>
<u> </u>	Complete if the organization a	answered "Yes"	on Form 99	0 Par	t IV line 10)			
	Complete it the organization is	ſ					(4) 75	(2) 5	
40	Beginning of year balance	(a) Current year	(b) Pnor ye	ar	(c) Two years ba	ack	(d) Three years back	(e) Foul	years back
1a	Contributions								
b									
С	Net investment earnings, gains, and losses		1			i			
_			 -						
•	Grants or scholarships								
е	Other expenditures for facilities and								
	programs				 .				
f	Administrative expenses	<u> </u>		 -					
9	End of year balance		<u> </u>					<u> </u>	
2	Provide the estimated percentage of the current		line 1g, colum	n (a)) ne	id as				
a	Board designated or quasi-endowment	%							
Ь		6							
C	Term endowment %								
-	The percentages on lines 2a, 2b, and 2c should equal 100%								
3a									
	organization by							(a / !)	Yes No
	(i) Unrelated organizations							· 3a(i)	
_	(ii) Related organizations							· 3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organization	•		R?				· 3b	
4	Describe in Part XIII the intended uses of the c		ment funds						
Par	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other	l '	•	other basis		Accumulated	(d) Boo	k value
	(investment) (other) depreciation								
1a	Land	• •							
Ь	Buildings	• •							
C	Leasehold improvements	• •				_			
d	Equipment	• •							
e	Other	• •							
Total	. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X	, column (B), I	ine 10c)			•		

Schedule D (Form		IATION	76	-0533645	Page
Part VII	Investments - Other Securities.	000 5 . 0.4 !!	441 6 5	- 000 D	
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Forn	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	1	(c) Method of valuation or end-of-year market v	
(1) Financial o	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(Atquity	linked cd's	1,617,000	Cost		
(B)					
(C)					
(D) .					
(E)					
(F)					
(G)					
(H)					_
	n (b) must equal Form 990, Part X, col_(B) line 12) · · · · · ▶	1,617,000	<u> </u>		
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on For	n 990, Part IV, line	e 11c. See Form	n 990, Part X, I	ine 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation or end-of-year market v	
(1)					
(2)					_
(3)					
(4)					
(5)					
(6)					-
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13) · · · · · ▶		L	· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on Form	<u>m 990, Part IV, line</u>	e 11d. See Form	n 990, Part X, I	<u>ine 15.</u>
	(a) Description			(b) Bo	ok value
(1)					
(2)			<u> </u>		
(3)		~~~~			
(4)			····		
(5)					
(6)					
(7)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(8)				-	
(9)		*******	*********		
	(b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·	<u></u> ▶		 .
Part X	Other Liabilities.	n 000 Ded IV !:=:	110 or 115 C=	o Form 000 D	art V
	Complete if the organization answered "Yes" on Form	n 330, Fart IV, IIN6	e i le or i ii. Se	e roiiii 990, P	art A,
	line 25.				

1.	(a) Description of liability	(b) Book value	المحادث والمراجع المراجع
(1)	Federal income taxes		والمراد والأمان مناسبة والمراد
(2)			
(3)			
(4)	***************************************		/ ng, ''w' ' y 'a, '
(5)			en i - servición i en
(6)			-13 + 14 + 1 + 1 + 1 + 1
(7)			A STATE OF THE STATE OF STATE OF
			क्या राष्ट्र पर एक के कर एक एसक एक राज्य पर स्थाप
(8)			France of the second state of the second sec
(9)			the Control of the second of t
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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII	<u> </u> [

		0533645
	er Audited Financial Statements With Revenue per	Return.
Complete if the organization an	nswered "Yes" on Form 990, Part IV, line 12a.	
Total revenue, gains, and other support per audited	financial statements	1 3,105
Amounts included on line 1 but not on Form 990, Pa	art VIII, line 12	
Net unrealized gains (losses) on investments • • •	2a	
Donated services and use of facilities	2b	
Recovenes of prior year grants		
d Other (Describe in Part XIII)	2d	
, 100 miles 20 miles 30 miles	<u> </u>	2е
Subtract line 2e from line 1	, , -	3 3,105
Amounts included on Form 990, Part VIII, line 12, but	ut not on line 1	
Investment expenses not included on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·	
Other (Describe in Part XIII)		
7.112 11.112 11.12	, <u>-</u>	4c
	al Form 990, Part I, line 12.) · · · · · · · · · · · · · · · · · · ·	5 3,105
	per Audited Financial Statements With Expenses p	er Return.
	nswered "Yes" on Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial stat		1 745
Amounts included on line 1 but not on Form 990, Pa	art IX, line 25.	
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)		
,	}	2ө
Subtract line 2e from line 1		3 745
	· · ·	743
Amounts included on Form 990, Part IX, line 25, but	t not on line 1 [.]	745
Amounts included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Pa	t not on line 1 ⁻ art VIII, line 7b 4a	743
Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 - 4a - 4b	743
Amounts included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 · · · · · · · · · · · · · · · · · ·	4c
Amounts included on Form 990, Part IX, line 25, but investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b	4c 5 745
Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 · · · · · · · · · · · · · · · · · ·	4c 5 745
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Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b 4b 4b 49 47 11, line 18 }	4c 5 745
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Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b 4b 4b 49 47 11, line 18 }	4c 5 745
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Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b 4b 4b 49 47 11, line 18 }	4c 5 745
Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b 4b 4b 49 47 11, line 18 }	4c 5 745
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Amounts included on Form 990, Part IX, line 25, but Investment expenses not included on Form 990, Part Other (Describe in Part XIII)	t not on line 1 4a 4b 4b 4b 4b 4b 4b 49 47 11, line 18 }	4c 5 745

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

2019

Open to Public Inspection

Employer identification number

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. 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) <u>Each nominee for board of directors is required to provide information regarding conflicts</u> 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 upon request For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
THE TOWN CENTER OWNERS ASSOCIATION	76-0533645
at the managing agent office.	
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