

Disaster Declared Hurricane Harvey 29492357101107

Form **990-EZ**

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2016

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
INTERWOOD ASSOCIATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
5295 HOLLISTER STREET

City or town, state or province, country, and ZIP or foreign postal code
Houston, TX 77040

D Employer identification number
76-0046520

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

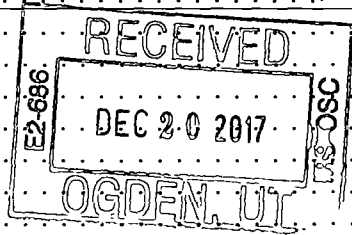
K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **146,278**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

SCANNED BY 06 2019 Revenue

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	138,671
	4 Investment income	4	855
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	6,752	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	146,278	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	29,234
	14 Occupancy, rent, utilities, and maintenance	14	69,811
	15 Printing, publications, postage, and shipping	15	21,533
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	120,578
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,700	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	235,330
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(59)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	260,971



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 33 through 45b regarding organizational activities, financials, and charitable status.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶


51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	DAVID LANE  Signature of officer	12-12-17 Date
	DAVID LANE, DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ELAINE W COMBS	Preparer's signature ELAINE W COMBS	Date 12-07-2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01060956
	Firm's name ▶ ELAINE W COMBS CPA			Firm's EIN ▶	
	Firm's address ▶ P O BOX 148 Hungerford TX 77448			Phone no 281-970-5005	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

INTERWOOD ASSOCIATION INC

Employer identification number

76-0046520

01. Description of other revenue (Part I, line 8)

Description	Amount
LATE FEES AND OTHER	6,752

02. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
PRIOR PERIOD ADJUSTMENT	(59)

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
MEMBERS RECEIVABLE	277	16,824
PREPAID INSURANCE	7,483	280
ACCOUNT RECEIVABLE OTHER	0	1,624

04. Description of total liabilities (Part II, line 26)

Category	Beginning of Year	End of Year
ACCOUNTS PAYABLE	210	121
PREPAID ASSESSMENTS	36,192	5,512