

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: THE OFFICES AT RIVERSTONE OWNERS AS
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 1330 Enclave Parkway
City or town, state or province, country, and ZIP or foreign postal code: Houston, TX 77077

D Employer identification number: 90-0635256
E Telephone number
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)
I Website:
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

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

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. \$ 145,161

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

| Revenue | |
|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received |
| 2 | Program service revenue including government fees and contracts |
| 3 | Membership dues and assessments 144,924 |
| 4 | Investment income 87 |
| 5a | Gross amount from sale of assets other than inventory |
| 5b | Less cost or other basis and sales expenses |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) |
| 6 | Gaming and fundraising events |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) |
| 6b | 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) |
| 6c | Less direct expenses from gaming and fundraising events |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) |
| 7a | Gross sales of inventory, less returns and allowances |
| 7b | Less cost of goods sold |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) |
| 8 | Other revenue (describe in Schedule O) 150 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 145,161 |
| Expenses | |
| 10 | Grants and similar amounts paid (list in Schedule O) |
| 11 | Benefits paid to or for members |
| 12 | Salaries, other compensation, and employee benefits |
| 13 | Professional fees and other payments to independent contractors 122,677 |
| 14 | Occupancy, rent, utilities, and maintenance 28,192 |
| 15 | Printing, publications, postage, and shipping 272 |
| 16 | Other expenses (describe in Schedule O) 27 |
| 17 | Total expenses. Add lines 10 through 16 151,168 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) -6,007 |
| 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) 23,330 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) 6,893 |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 24,216 |

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, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 No

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 ***** Signature of officer 2018-11-12 Date
JEFF ANDERSON DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ELAINE W COMBS Preparer's signature Date 2018-11-12 Check [X] if self-employed PTIN P01060956
Firm's name ELAINE W COMBS CPA Firm's EIN 76-0371271
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

Additional Data

Software ID:

Software Version:

EIN: 90-0635256

Name: THE OFFICES AT RIVERSTONE OWNERS AS

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|---------|
| 28 TO PROVIDE STREETLIGHTS LANDSCAPING AND IRRIGATION TO THE ASSOCIATION TO PRESERVE THE INTEGRITY OF THE COMMUNITY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | 134,158 |

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.

▶ 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.

2017

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Department of the Treasury
Internal Revenue Service

Name of the organization

THE OFFICES AT RIVERSTONE OWNERS AS

Employer identification number

90-0635256

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Description of other revenue Part I line 8 | Description Amount LATE FEES AND OTHER 150 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Description of other expenses Part I line 16 | Description Amount PROPERTY TAXES 27 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Other changes in net assets or fund balances Part I line 20 | Description Amount PRIOR YEAR AUDIT ADJUSTMENT 6,893 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Description of other assets Part II line 24 | Category Beginning of Year End of Year ACCOUNT RECEIVABLE 640 0 PREPAID INSURANCE 280 280 PREPAID EXPENSE 0 22,612 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Description of total liabilities Part II line 26 | Category Beginning of Year End of Year ACCOUNT PAYABLE 7,385 8,079 PREPAID ASSESSMENTS 17,230 33,785 |