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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending

B	heck if pplicabl	TELLICO VILLAGE PROPERTY OWNERS		D Employer identification number				
	_ chang ¬Name	ASSOCATION, INC.		62-12701	6 A			
	_]chang □Initial		Doom/quit					
	_ return ∏Fiṇal	112 CHOTA CENTER	Room/suit	e E Telephone numbe (865) 45				
	⊥return. termir ated			G Gross receipts \$	34,139,218.			
	Amen			H(a) Is this a group re				
	_return ☐Applic Ition	·		for subordinates				
	pendi	112 CHOTA CENTER, LOUDON, TN 37774		H(b) Are all subordinates in				
1 7	ax-ex	empt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1)	or 52	-	list. See instructions			
	Vebsi		<u> </u>	H(c) Group exemptio				
		organization; X Corporation Trust Association Other	L Yea		A State of legal domicile: TN			
Pa	art I	Summary			<u> </u>			
	1	Briefly describe the organization's mission or most significant activities: SOCIA	AL WE	LFARE ORGANI	ZATION			
Governance								
rna	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net ass	sets.			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	7			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			354			
Σį		Total number of volunteers (estimate if necessary)			650			
Acti		Total unrelated business revenue from Part VIII, column (C), line 12			78,592.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
ne	l	Contributions and grants (Part VIII, line 1h)		0. 26,795,351.	30,023,713.			
Revenue	l	Program service revenue (Part VIII, line 2g)			1,220,256.			
Re	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		711,492.	2,389,175.			
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,485,540.	33,633,144.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	l	Para Standard Land Supra and Land (Part IV) and Land (A) Francial		0.	0.			
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		8,351,466.	9,959,125.			
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		16,991,338.	19,495,629.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,342,804.				
	l	Revenue less expenses. Subtract line 18 from line 12		7,142,736.	4,178,390.			
or Sec				Beginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		52,871,194.	58,238,679.			
t As	21	Total liabilities (Part X, line 26)		17,349,750.	18,538,845.			
Electronic Services		Net assets or fund balances. Subtract line 21 from line 20		35,521,444.	39,699,834.			
	art II	Signature Block						
		llties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.				
		Signature of officer		l Date				
Sig				Date				
Her	е	ROBERT BRUNETTI, PRESIDENT Type or print name and title						
				Date Check	PTIN			
Paid	I	Print/Type preparer's name Preparer's signature KEVIN MCCOLLUM, CPA KEVIN MCCOLLUM,	СРА	11/05/24 self-employ				
	arer	Firm's name COULTER & JUSTUS, PC	O111		2-1532536			
	Only	Firm's address 9717 COGDILL ROAD, SUITE 201		THIII 3 LIN 0				
	,	KNOXVILLE, TN 37932		Phone no. 86	5-637-4161			
Ma	the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No			
	_							

		TELLICO	VILLAGE PROPE	RTY OWNERS			
	1 990 (i		ION, INC.		62-	1270164	Page 2
Pa	rt III	Statement of Program Se	rvice Accomplishment	ts			
		Check if Schedule O contains a re	esponse or note to any line in	this Part III			🔲
1		y describe the organization's missi					
	SOC	CIAL WELFARE ORGAN	IZATION - SEE I	JINE 4A BEL	· WO		
2	Did t	ne organization undertake any sign	ificant program services durir	ng the year which we	re not listed on the		
	prior	Form 990 or 990-EZ?				Yes	X No
	If "Ye	es," describe these new services on					
3	Did t	ne organization cease conducting,	or make significant changes i	n how it conducts, a	ny program services?	Yes	X No
	If "Ye	es," describe these changes on Sch	nedule O.				
4	Desc	ribe the organization's program ser	vice accomplishments for ea	ch of its three largest	t program services, as measur	ed by expenses.	
	Secti	on 501(c)(3) and 501(c)(4) organizat	tions are required to report th	e amount of grants a	and allocations to others, the t	otal expenses, ar	nd
	rever	ue, if any, for each program service					
4a	(Code:) (Expenses \$26,	813,222. including gran	nts of \$) (Revenue \$	32,891,	083.
	THE	TELLICO VILLAGE	PROPERTY OWNERS	S ASSOCIATI	ON (TVPOA) IS C	PERATED	
		CLUSIVELY FOR THE					OF
		PEOPLE IN THE CO					HE
		SANIZATION SERVES					
		POA PROVIDES MANY					
		L AS A WIDE VARIE					
		OA MAINTAINS MORE					
		WAYS FOR THE COMM					
		SO WITHIN THE BOUN					
		ACE/COMMON AREAS.					
		MPIONSHIP GOLF CO	-	TENNIS AN	D PICKLEBALL CC	URTS FOR	
		E BY ITS PROPERTY					
4b	(Code:) (Expenses \$	including gran	nts of \$) (Revenue \$		
40	(Cada:) (Expenses \$	including gray	ato of ¢) (Payanya ¢		,
70	(Code.) (Expenses #	including grai	lis 0ι ψ) (Hevenue \$		

4d Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$ 26,813,222.

) (Revenue \$

Form 990 (2023) ASSOCATION, INC.
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		
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 Rev. Proc. 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 right 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,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,	。		x
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
9				
	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 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
				<u></u> -
b	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		х
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	170		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Α_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	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			1 37
	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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

	,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	23	Х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	21	
2 70	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		
	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		<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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	v	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
. 41	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	

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ASSOCATION, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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 354		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Λ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Associate (FRAR)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Eo.		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_ 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		
g	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		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	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 members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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 the 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?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023)

ASSOCATION, INC.

62-1270164

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Part VI 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 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 on Schedule O. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Own website X Upon request Another's website ___ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records JUDY BEDFORD - 865-458-5408

37774

112 CHOTA CENTER, LOUDON,

ASSOCATION, INC.

62-1270164

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Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				nne	Reportable	Reportable	Estimated	
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	_	cer an	ia a a	Irecto	r/trus	iee)	from	from related	other
	(list any	irecto	recto			the	organizations	compensation		
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee (ee	neu		1099-NEC)	1099-NEO)	and related
	below	dual t	rtiona	L	oldu	st cor yee	_	10001420)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			5.ga <u>_</u> a5
(1) CHESTER PILLSBURY	40.00		_	_						
CEO					Х			223,684.	0.	15,641.
(2) MITZI LANE	40.00									
coo						Х		177,131.	0.	34,870.
(3) MARY BETH KUBERKA	40.00									
CHIEF DEVELOPMENT OFFICER						X		135,845.	0.	31,915.
(4) CLAYTON TAYLOR	40.00									
DIRECTOR OF PUBLIC WORKS						X		133,013.	0.	22,266.
(5) STUART WELLS MCCLURE	40.00									
DIRECTOR OF GOLF MAINTENANCE						X		116,768.	0.	26,680.
(6) JORDAN CASEY FLENNIKEN	40.00									
DIRECTOR OF GOLF OPERATIONS						X		114,238.	0.	17,522.
(7) RICK BLOUGH	6.00									
MEMBER		Х						0.	0.	0.
(8) STEVE SCHNEIDER	6.00									
TREASURER		Х		Х				0.	0.	0.
(9) JAMES PAT WHITE	6.00									
MEMBER		Х						0.	0.	0.
(10) MARTIN INKROTT	8.00									
PRESIDENT		Х		Х				0.	0.	0.
(11) JOHN ARGUELLES	6.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(12) BOB BRUNETTI	6.00			l					_	_
SECRETARY		Х		Х	_			0.	0.	0.
(13) JOHN ORR	6.00									
MEMBER		Х						0.	0.	0.

FOIII 990 (2023) ADDOCATIO	m, m								02 12	<u> </u>	TOT		aye
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	jH t	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		F	stimate	ed.
Name and title	hours per		not cl , unles					compensation	compensation	n		nount	
	week		cer an					from	from related			other	
	(list any	tor						the	organizations		com	npensa	
	hours for	director				- -		organization	(W-2/1099-MIS			rom th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orc	ganizat	ion
	organizations	Individual trustee or	Institutional trustee		yee	om pe		1099-NEC)	•		an	d relat	ed
	below	idual	ution	-e	old m	est co	e.				org	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
										\neg			
										$\neg \uparrow$			
-										\dashv			
		•											
										\dashv			
										-			
										-			
								000 600		$\overline{}$	1.4		~ 4
1b Subtotal								900,679.		0.	<u> 14</u>	8,8	_
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0
d Total (add lines 1b and 1c)								900,679.		0.	<u>14</u>	8,8	94
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	ceived more than \$100,	000 of reportable	+			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes	" co	mple	ete S	Sche	edule	e J fo	or such individual			4	Х	
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes," com					•			•			5		х
Section B. Independent Contractors	piete ochedate	<i>.</i> 0 /(<i>JI</i> 30	ici ,	00/3	OII .							
Complete this table for your five highest co	mnensated ind	lene	nder	nt co	ontra	acto	re th	nat received more than \$	100 000 of comp	ensat	ion fr		
the organization. Report compensation for										Ciisai	.1011 110	וווכ	
	irie caleridai ye	ai e	iluli	ig w	illi C	ועע וכ			ear.				
(A) Name and business	address							(B) Description of s	ervices	C		C) ensatio	n
TELLICO DIRT WORKS							_	FIX WATER LI			pc		··
	,	ът	ם כ	o n	2		- 1		, Gun	1	,277,207		
409 DEER RUN DRIVE, MARYV	тппр, т	N	<u>ي ر</u>	<u>0 U</u>	<u> </u>			METERS			<u>, 4 1</u>	1,4	<u>U /</u>

(A)	(B)	(C)
Name and business address	Description of services	Compensation
TELLICO DIRT WORKS	FIX WATER LINES,	
409 DEER RUN DRIVE, MARYVILLE, TN 37803	METERS	1,277,207.
SWEETWATER VALLEY OIL	DIESEL AND GAS	
P.O. BOX 537, SWEETWATER, TN 37874	SUPPLIER	721,902.
MCKINNON CONSTRUCTION COMPANY		
900 BREAM DRIVE, KNOXVILLE, TN 37922	CONSTRUCTION	411,486.
AWE HOSPITALITY	FOOD SERVICE AND	
100 SEQUOYAH ROAD, LOUDON, TN 37774	CONSULTANT	410,885.
SPORT SURFACE PROS	TENNIS AND	
736 N WESTERN AVE, LAKE FOREST, IL 60045	BASKETBALL COURT BUI	387,550.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	
\$100,000 of compensation from the organization 15		
	•	000

TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.

Form 990 (2023) ASSOCAT
Part VIII Statement of Revenue

		Check if Schedule O c	ontains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
s s	1 a	Federated campaigns		1a					
ran				1b					
Ω.Ω	С	Fundraising events		1c					
ifts ar A		Related organizations		1d					
nig.		Government grants (contri		1e					
Sig		All other contributions, gifts,							
her		similar amounts not included		1f					
풀	g	Noncash contributions included in I		1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f							
					Business Code				
ø.	2 a	ASSESSMENT REVENUES			713990	14,148,334.	14148334.		
Program Service Revenue	b	GREEN FEES			713910	3,991,404.	3,991,404.		
Sel	С	WATER SERVICES			221000	3,442,398.	3,442,398.		
an	d	SEWER SERVICES			221000	3,306,521.	3,306,521.		
B	е	RECREATION AND BEACH	I		713990	2,263,366.	2,263,366.		
P.	f	All other program service	revenue .		221000	2,871,690.	2,871,690.		
	g	Total. Add lines 2a-2f				30,023,713.			
	3	Investment income (includ	ling divide	ends, intere	st, and				
		other similar amounts)			663,469.			663,469.	
	4	Income from investment o	f tax-exen	npt bond pi	roceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) S	Securities	(ii) Other				
		assets other than inventory	7a		631,853.				
	b	Less: cost or other basis							
e		and sales expenses	7b		75,066.				
Revenue	С	Gain or (loss)	7c		556,787.				
	d	Net gain or (loss)		<u></u>		556,787.	556,787.		
ther	8 a	Gross income from fundraising	ng events (not					
ŏ		including \$		_ of					
		contributions reported on	,						
		Part IV, line 18		8a					
		Net income or (loss) from t		-					
	9 a	Gross income from gaming		I .					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory, le			500 600				
		and allowances							
		Less: cost of goods sold			431,008.	70 502		70 502	
\dashv	С	Net income or (loss) from s	sales of in	iventory	Business Code	78,592.		78,592.	
S _n	44 -	OTHER REVENUE			900099	2,267,971.	2,267,971.		
eo Tue	11 a b	INSURANCE PROCEEDS			900099	42,612.	42,612.		
ila Ven		-		_	, , , , , , ,	12,012.	12,012.		
Miscellaneous Revenue	q C	All other revenue							
Σ		Total. Add lines 11a-11d				2,310,583.			
	12	Total revenue. See instruction				33,633,144.	32891083.	78,592.	663,469.

TELLICO VILLAGE PROPERTY OWNERS

Form 990 (2023) ASSOCATION, INC.
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	239,325.		239,325.	
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 salaries and wages	7,724,161.	6,991,960.	732,201.	
8	Pension plan accruals and contributions (include	222	400 500		
	section 401(k) and 403(b) employer contributions)	202,049.	128,508.	73,541.	
9	Other employee benefits	1,202,600.	1,061,729.	140,871.	
10	Payroll taxes	590,990.	515,211.	75,779.	
11	Fees for services (nonemployees):				
а	Management	260 421	120 145	001 006	
b	Legal	360,431.	139,145.	221,286.	
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	161,589.	150,773.	10,816.	
40	column (A), amount, list line 11g expenses on Sch O.)	474,091.	474,091.	10,010.	
12 13	Advertising and promotion	284,241.	184,239.	100,002.	
14	Office expenses Information technology	201,211.	101,233.	100,002.	_
15	Royalties				
16	Occupancy	1,123,634.	1,083,590.	40,044.	
17	Travel	80,528.	60,054.	20,474.	
18	Payments of travel or entertainment expenses	, ,	, , , , ,	,	_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	35,664.		35,664.	
20	Interest	417,709.	94,488.	323,221.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,043,558.	2,040,567.	2,991.	
23	Insurance	464,437.	459,202.	5,235.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	SEWER, WATER, WARRANTY	4,231,723.	4,231,723.		
b	MAINTENANCE - LAND/STRE	1,879,088.	1,879,088.		
С	PAYCHECK PROTECTION PRO	1,361,922.	1,361,922.		
d	FACILITY SUPPLIES	726,917.	726,917.	600 000	
	All other expenses SEE SCH O	5,850,097.	5,230,015.	620,082.	
25	Total functional expenses. Add lines 1 through 24e	29,454,754.	26,813,222.	2,641,532.	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 if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	858,417.	1	2,692,122
	2	Savings and temporary cash investments	8,831,192.	2	8,646,017
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	424,599.	4	556,745
	5	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	
	6	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,022,302.	8	1,292,955
Ä	9	Prepaid expenses and deferred charges	130,264.	9	315,168
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 51,797,266.			
	b	Less: accumulated depreciation 10b 23,657,557.	27,553,053.	10c	28,139,709
	11	Investments - publicly traded securities	7,050,442.	11	9,969,671
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	211,689.	14	181,068
	15	Other assets. See Part IV, line 11	6,789,236.	15	6,445,224
	16	Total assets. Add lines 1 through 15 (must equal line 33)	52,871,194.	16	58,238,679
	17	Accounts payable and accrued expenses	2,105,895.	17	3,729,524
	18	Grants payable		18	
	19	Deferred revenue	4,439,821.	19	4,998,488
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	10 004 004	23	0 010 022
	24	Unsecured notes and loans payable to unrelated third parties	10,804,034.	24	9,810,833
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	17 240 750	25	10 530 045
	26	Total liabilities. Add lines 17 through 25	17,349,750.	26	18,538,845
s		Organizations that follow FASB ASC 958, check here			
e)Ce		and complete lines 27, 28, 32, and 33.	25 521 444		20 600 024
alar	27	Net assets without donor restrictions	35,521,444.	27	39,699,834
Ä	28	Net assets with donor restrictions		28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ᆫ		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	25 521 ///	31	30 600 034
ž	32	Total net assets or fund balances	35,521,444.	32	39,699,834.
	33	Total liabilities and net assets/fund balances	52,871,194.	33	58,238,679

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		<u>,63</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 45</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	4	<u>,17</u>	8,3	<u>90.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	35	,52	1,4	<u>44.</u>
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	39	,69	9,8	<u>34.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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 on 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 reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	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 X 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 Sche	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC. 62-1270164 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$ ____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$_______\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TELLICO VILLAGE PROPERTY OWNERS

Schedule C (Form 990) 2023 ASSOCATION . INC.

62-1270164 Page 2

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Limits on Lobbying Expenditures (the term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals	Part II-A	Complete if the org	anization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.		section 501(h)).					
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	A Check						
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: not over \$500,000, over \$500,000 but not over \$1,000,000, voer \$1,000,000 but not over \$1,000,000, over \$1,000,000 but not over \$1,000,000, over \$1,000,000 but not over \$17,000,000, voer \$17,000,000, subtract line 1g from line 1a. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period (a) 2022 (d) 2023 (d) 2033 (e) Total	-		, ,	· · ·			
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See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total	•						
Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total		(Some organizations th			` '	of the five columns be	elow.
Calendar year (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) Total			See the sepa	arate instructions for li	nes 2a through 2f.)		
·			Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
·	(Calendar vear					
(or fiscal year beginning in)		,	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount							
b Lobbying ceiling amount	•	• •					
(150% of line 2a, column(e))	(150% 0	of line 2a, column(e))					
c Total lobbying expenditures	<u>c</u> lotallob	obying expenditures		+			
d. Cracercote pentayable amount	d Cross	oto poptovoble emerint					
d Grassroots nontaxable amount e Grassroots ceiling amount							
e Grassroots ceiling amount (150% of line 2d, column (e))		-					
(1667) of mile Ed, column (c))	(100700						
f Grassroots lobbying expenditures	f Grassro	ots lobbying expenditures					

Schedule C (Form 990) 2023

62-1270164 Page 3

Schedule C (Form 990) 2023 ASSOCATION, INC. 62-12701 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the labbying activity					
the lobbying activity.	Yes	No	o	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?		-			
d Mailings to members, legislators, or the public?		-			
e Publications, or published or broadcast statements?		-			
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?		-			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?					
j Total. Add lines 1c through 1i					
Pa Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
al 16 the office approximation in a continue 4040 to a solid it file Forms 4700 for this consul	n F04/-\/	<u> </u>	000	tion	
	งกา อบ เเตม	oj, or	sec	uon	
	(-)(
ort III-A Complete if the organization is exempt under section 501(c)(4), section		_		Yes	N
ort III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			1	Yes X	N
Were substantially all (90% or more) dues received nondeductible by members?			1 2		
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	he prior year	5), or	2 3 sec	X	X X 3, is
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from tart III-B Complete if the organization is exempt under section 501(c)(4), section	he prior year on 501(c)("No" OR	? (5), or (b) Pa	2 3 sec	X	X
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	he prior year on 501(c)("No" OR	? (5), or (b) Pa	2 3 sec art I	X	<u> </u>
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Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	he prior year on 501(c)("No" OR	75), or (b) Pa	2 3 sec art I 1 2a 2b 2c	X	X
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the extense of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	he prior year on 501(c)("No" OR tical	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	X	X
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the section 162 (e) the section 162 (e) dues	he prior year on 501(c)("No" OR tical	5), or (b) Pa	2 3 sec art I 1 2a 2b 2c	X	X

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 Inspection

Name of the organization

TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.

Employer identification number 62-1270164

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (or Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets hel	d in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose c	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_	
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	ι	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
Da	organization's accounting for conservation easements.	Aut Historical Tree		an Cimilar Assats
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Ou	ier Similar Assets.
10	If the organization elected, as permitted under FASB ASC 958		nuo statamant an	ad balance about works
ıa	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			·
h	If the organization elected, as permitted under FASB ASC 958			
b		•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lutthe	erance of public service,
	provide the following amounts relating to these items.			c
	(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 trea			gain, provide
_	the following amounts required to be reported under FASB AS			Φ.
	Revenue included on Form 990, Part VIII, line 1			\$
h				

TELLICO VILLAGE PROPERTY OWNERS

Schedule D (Form 990) 2023 ASSOCATION, INC.

62-1270164 Pa

Par	rt III Organizations Maintaining Co	ollections of Art	t, Historical	Treasures, c	or Other	Similar <i>i</i>	Assets	(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of	the following tha	at make sig	nificant us	e of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or	exchange progi	ram					
b	Scholarly research	е	Other							
С	Preservation for future generations							•		
4	Provide a description of the organization's col	lections and explain	how they furth	er the organizati	ion's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical	treasures, or oth	er similar a	ssets				
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization	s collection?				Yes		No
Par	rt IV Escrow and Custodial Arrang							ne 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for contrib	utions or other a	ssets not ir	ncluded				
	on Form 990, Part X?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow	or custodial acco	ount liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds Complete if t	he organization ans		1						
		(a) Current year	(b) Prior yea	r (c) Two yea	ars back (d) Three yea	ars back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	•	e (line 1g, colum	ın (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are he	ld and administe	ered for the			г		
	organization by:								Yes	No_
	(i) Unrelated organizations?							3a(i)	$-\!\!\!+$	
								3a(ii)	$-\!\!\!+$	
	If "Yes" on line 3a(ii), are the related organizat			R?				3b		
4 Do:	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		wment funds.							
Pai			Doublik line 4	. C Faure 000	0 David V II	10				
	Complete if the organization answered				T T					
	Description of property	(a) Cost or o		Cost or other	1 ' '	cumulated	'	(d) Book	(value	
		basis (investr	,	asis (other)	aep	reciation		6 71) /1	-
	Land				0 0	05 26	<u> </u>	6,713		
	Buildings		009.		0,4	<u>05,36</u>	<u>ა• ⊥</u>	1,699	,, 44	4 •
	Leasehold improvements	1 4 4 4 4 5 1	561		11 2	13,15	-	6 000) 10	
	Equipment	7 062						6,902		
	Other		•		4,2	39,03	<u>サ・</u>	2,824	1,04 170	1 •
ı ota	I. Add lines 1a through 1e. (Column (d) must ed	iual Form 990 Part	x line 10c coli	ımn (R))			4	U, 133	,,,∪	フ・

TELLICO VILLAGE PROPERTY OWNERS

Schedule D (Form 990) 2023

Part VIII Investments

ASSOCATION, INC.

62-1270164 Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RESIDENTIAL LOTS HELD FOR	RESALE		161,620.
(2) NET FINANCING LEASE RIGHT	OF USE ASSET	~	
_ , ,		>	5,744,291.
(3) NET OPERATING LEASE RIGHT	OF USE ASSET		
_ , ,	OF USE ASSET		
(3) NET OPERATING LEASE RIGHT	OF USE ASSET		
(3) NET OPERATING LEASE RIGHT (4)	OF USE ASSET:		
(3) NET OPERATING LEASE RIGHT (4) (5)	OF USE ASSET:		
(3) NET OPERATING LEASE RIGHT (4) (5) (6)	OF USE ASSET		5,744,291.
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7)	OF USE ASSET		
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col		S	
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Provincing of liability.	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (a) Provincing of liability.	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1) 1. (a) Description of liability	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1) (1) Federal income taxes (2) (3)	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	. (B))	5	6,445,224
(3) NET OPERATING LEASE RIGHT (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	. (B))	5	6,445,224

ASSOCATION, INC. Schedule D (Form 990) 2023

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	34,064,152.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a			
b	Donat	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lii	nes 2a through 2d			2e	0.
3	Subtra	act line 2e from line 1			3	34,064,152.
		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	-431,008.		
		nes 4a and 4b			4c	-431,008.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-1- \4'1		5	33,633,144.
Par	T XII	Reconciliation of Expenses per Audited Financial Stateme	nts Wit	n Expenses per H	eturi	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				00 005 560
1		expenses and losses per audited financial statements			1	29,885,762.
		nts included on line 1 but not on Form 990, Part IX, line 25:				
		ed services and use of facilities				
		rear adjustments				
С	Other	losses	2c			
		(Describe in Part XIII.)				•
		nes 2a through 2d			2e	0.
		act line 2e from line 1			3	29,885,762.
		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
		ment expenses not included on Form 990, Part VIII, line 7b		421 000		
		(Describe in Part XIII.)	4b	-431,008.		421 000
		nes 4a and 4b			4c	-431,008. 29,454,754.
5 Dar	lotal e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information			5	29,434,734.
		• •	/ 1: 11	a and Oh. Davit V. lina 4	. Da.+ \	V line O. Dart VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			; Part /	x, line 2; Part XI,
nes .	zu anu	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai inioi	mation.		
PAR	тх	I, LINE 4B - OTHER ADJUSTMENTS:				
		THE IS STILL INCOMINE				
PAR	T V	III, LINE 10A COST OF GOODS SOLD				-431,008.
PAR	тх	II, LINE 4B - OTHER ADJUSTMENTS:				
		•				
PAR	T V	III, LINE 10A COST OF GOODS SOLD				-431,008.
		•				•

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 62 - 1270164 \end{array}$

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Compensation Comp	(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
CEO				incentive	reportable	compensation			reported as deferred on prior Form 990
CSO	(1) CHESTER PILLSBURY	(i)	185,000.	37,000.	1,684.	0.	15,641.	239,325.	0.
COO	CEO								0.
(3) MARY BETH KUBERKA (6) 121,325. 14,520. 0. 11,172. 20,743. 167,760. 0. CHIEF DEVELOPMENT OFFICER (7) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) MITZI LANE	(i)							0.
CHIEF DEVELOPMENT OFFICER (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	C00	(ii)							0.
(4) CLAYTON TAYLOR (6) 113,300. 5,500. 14,213. 7,884. 14,382. 155,279. 0. DIRECTOR OF PUBLIC WORKS (6) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3) MARY BETH KUBERKA	(i)							0.
DIRECTOR OF PUBLIC WORKS (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	CHIEF DEVELOPMENT OFFICER	(ii)							0.
	(4) CLAYTON TAYLOR	(i)							0.
	DIRECTOR OF PUBLIC WORKS	(ii)	0.	0.	0.	0.	0.	0.	0.
		(i)							
		(ii)							
(i)									
	-	(ii)							
(i) (i) (ii) (ii) (ii) (iii) (
(ii)									
(i) (ii) (ii) (iii) (iii									
(i) (i) (i) (ii) (i) (ii) (ii) (iii) (i) (iii) (ii) (iii) (i) (iii) (i) (iii)									
(i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiii) (iiiiiiii) (iiiiiiiii) (iiiiiiiiii) (iiiiiiiiii) (iiiiiiiiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									
(ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(ii) (i) (ii)									
(i)									
fii)		(ii)							

TELLICO VILLAGE PROPERTY OWNERS

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.

Employer identification number 62-1270164

FORM 990, PART VI, SECTION A, LINE 6: SEE RESPONSE TO PART VI, SECTION A, LINE 7B BELOW FORM 990, PART VI, SECTION A, LINE 7A: SEE RESPONSE TO PART VI, SECTION A, LINE 7B BELOW FORM 990, PART VI, SECTION A, LINE 7B: THE ORGANIZATION HAS MEMBERS WHO ENJOY THE RIGHTS AND RESPONSIBILITIES OF MEMBERSHIP AS CONTAINED IN THE GOVERNING DOCUMENTS OF THE ORGANIZATION. AMONG THOSE ARE THE RIGHT AND EASEMENT OF ENJOYMENT IN AND TO THE COMMON PROPERTIES; VOTING RIGHTS ON ISSUES AS DEFINED IN THE GOVERNING DOCUMENTS. INCLUDING THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS; AND, VOTING RIGHTS WITH REGARD TO DISSOLUTION OF THE CORPORATION, WHICH MAY BE ACCOMPLISHED ONLY BY THE ASSENT GIVEN BY THE MEMBERS ENTITLED TO CAST TWO-THIRDS OF THE TOTAL VOTE. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE, GENERAL MANAGER, AND ACCOUNTING DIRECTOR FOR THEIR REVIEW PRIOR TO FILING THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REGULARLY MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2023	Page 2
Name of the organization TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.	Employer identification number 62-1270164
DIRECTOR AND OTHER TOP MANAGEMENT USING COMPARABILITY DATA	\
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST	SOME DOCUMENTS
ARE AVAILABLE ON THE WEBSITE.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	S:
MAINTENANCE - COMMON DOCKS:	
PROGRAM SERVICE EXPENSES	646,056.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	646,056.
MAINTENANCE - COMMUNITY PROPERTY:	
PROGRAM SERVICE EXPENSES	629,058.
MANAGEMENT AND GENERAL EXPENSES	478.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	629,536.
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	577,418.
MANAGEMENT AND GENERAL EXPENSES	8,438.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	585,856.
HORTICULTURE SUPPLIES:	
PROGRAM SERVICE EXPENSES	393,407.
MANAGEMENT AND GENERAL EXPENSES	0.
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Schedule O (Form 990) 2023 Page **2**

Schedule O (Form 990) 2023 Name of the organization TELLICO VILLAGE PROPERTY OWNERS	Employer identification number
ASSOCATION, INC.	62-1270164
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	393,407.
MAINTENANCE - EQUIPMENT:	
PROGRAM SERVICE EXPENSES	337,678.
MANAGEMENT AND GENERAL EXPENSES	49,468.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	387,146.
MAINTENANCE - BUILDING:	
PROGRAM SERVICE EXPENSES	285,810.
MANAGEMENT AND GENERAL EXPENSES	65,438.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	351,248.
MAINTENANCE - SEWER LINES:	
PROGRAM SERVICE EXPENSES	338,003.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	338,003.
SEWER TANK INSTALL:	
PROGRAM SERVICE EXPENSES	279,545.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	279,545.
TELEPHONE:	

Schedule O (Form 990) 202	23				Page 2
Name of the organization	TELLICO	VILLAGE	PROPERTY	OWNERS	Employer identification number

Name of the organization TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.	Employer identification number 62-1270164
PROGRAM SERVICE EXPENSES	207,998.
MANAGEMENT AND GENERAL EXPENSES	69,373.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	277,371.
SMALL TOOLS/EQUIPMENT:	
PROGRAM SERVICE EXPENSES	179,906.
MANAGEMENT AND GENERAL EXPENSES	51,716.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	231,622.
FUEL AND OIL:	
PROGRAM SERVICE EXPENSES	221,926.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	221,926.
TAXES AND LICENSES:	
PROGRAM SERVICE EXPENSES	138,839.
MANAGEMENT AND GENERAL EXPENSES	47,885.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	186,724.
MAINTENANCE - WATER LINES:	
PROGRAM SERVICE EXPENSES	155,564.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	155,564.
332212 11-14-23	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page
Name of the organization TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.	Employer identification number 62-1270164
	,
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	113,478.
MANAGEMENT AND GENERAL EXPENSES	31,807.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	145,285.
PAYROLL & ACCOUNTING EXPENSE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	136,770.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,770.
MAINTENANCE RESERVE:	
PROGRAM SERVICE EXPENSES	106,665.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,665.
HOUSEKEEPING SUPPLIES:	
PROGRAM SERVICE EXPENSES	90,077.
MANAGEMENT AND GENERAL EXPENSES	5,514.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	95,591.
MAINTENANCE - VEHICLES:	
PROGRAM SERVICE EXPENSES	90,414.
MANAGEMENT AND GENERAL EXPENSES	320.
332212 11-14-23	Schedule O (Form 990) 20

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023 Name of the organization TELLICO VILLAGE PROPERTY OWNERS	Page 2 Employer identification number
ASSOCATION, INC.	62-1270164
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	90,734.
UNIFORM EXPENSE:	
PROGRAM SERVICE EXPENSES	84,221.
MANAGEMENT AND GENERAL EXPENSES	1,845.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86,066.
DIESEL FUEL:	
PROGRAM SERVICE EXPENSES	80,311.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	80,311.
RECRUITING AND TRAINING:	
PROGRAM SERVICE EXPENSES	5,801.
MANAGEMENT AND GENERAL EXPENSES	66,582.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,383.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	13,687.
MANAGEMENT AND GENERAL EXPENSES	43,181.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,868.
MAINTENANCE SUPPLIES:	

Schedule O (Form 990) 202	23					Page 2
Name of the organization	TELLICO	VILLAGE	PROPERTY	OWNERS		Employer identification number
	ASSOCAT	ION, INC	62-1270164			

Traine or the organization	ELLICO VILLAGE PROPERTY OWNERS SSOCATION, INC.	Employer identification number 62-1270164
PROGRAM SERVICE	EXPENSES	47,320.
MANAGEMENT AND C	SENERAL EXPENSES	0.
FUNDRAISING EXPE	ENSES	0.
TOTAL EXPENSES		47,320.
LICENSES-PERMITS	S:	
PROGRAM SERVICE	EXPENSES	27,777.
MANAGEMENT AND C	SENERAL EXPENSES	15,621.
FUNDRAISING EXP	ENSES	0.
TOTAL EXPENSES		43,398.
MAINTENANCE - IF	RRIGATION:	
PROGRAM SERVICE	EXPENSES	42,261.
MANAGEMENT AND C	GENERAL EXPENSES	0.
FUNDRAISING EXPE	ENSES	0.
TOTAL EXPENSES		42,261.
TRAINING AND DEV	/ELOPMENT:	
PROGRAM SERVICE	EXPENSES	22,628.
MANAGEMENT AND	GENERAL EXPENSES	8,613.
FUNDRAISING EXPE	ENSES	0.
TOTAL EXPENSES		31,241.
BAD DEBT EXPENSE	3:	
PROGRAM SERVICE	EXPENSES	30,373.
MANAGEMENT AND	GENERAL EXPENSES	0.
FUNDRAISING EXP	ENSES	0.
TOTAL EXPENSES		30,373.
332212 11-14-23		Schedule O (Form 990) 2023

26,528.
0.
0.
26,528.
5,713.
13,930.
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19,643.
17,067.
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17,067.
15,143.
0.
0.
15,143.
12,067.
239.

Schedule O (Form 990) 202		Page 2
Name of the organization	TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.	Employer identification number 62-1270164
FUNDRAISING EX	PENSES	0.
TOTAL EXPENSES	5	12,306.
GOLF CART MAIN	ITENANCE:	
PROGRAM SERVIC	E EXPENSES	6,654.
MANAGEMENT ANI	GENERAL EXPENSES	0.
FUNDRAISING EX	PENSES	0.
TOTAL EXPENSES	5	6,654.
OPERATING SUPE	PLIES:	
PROGRAM SERVIC	CE EXPENSES	0.
MANAGEMENT ANI	GENERAL EXPENSES	2,649.
FUNDRAISING EX	PENSES	0.
TOTAL EXPENSES	3	2,649.
FREIGHT:		
PROGRAM SERVIC	E EXPENSES	622.
MANAGEMENT ANI	GENERAL EXPENSES	215.
FUNDRAISING EX	PENSES	0.
TOTAL EXPENSES	5	837.
TOTAL OTHER EX	EPENSES ON FORM 990, PART IX, LINE 24E, COL 2	A 5,850,097.
FORM 990 - DAI	RT XII - LINE 2C	
	ON HAS NOT CHANGED ITS OVERSIGHT PROCESS OR	SELECTION
	THE 2023 TAX YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.

Employer identification number 62-1270164

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
CS HOLDINGS, LLC - 48-4106822	TO HOLD & POSSIBLY SELL				TELLICO VILLAGE
112 CHOTA CENTER	REPOSSESSED LOTS W/IN THE				PROPERTY OWNERS
LOUDON, TN 37774	TELLICO VILLAGE COMMUNITY	TENNESSEE	104,013.	137,896.	ASSOCIATION, INC.
TVPOA HOMES, LLC - 47-2462299	TO BUILD SPEC HOMES ON				TELLICO VILLAGE
112 CHOTA CENTER	REPOSSESSED LOTS TO ASSIST				PROPERTY OWNERS
LOUDON, TN 37774	WITH SELLING THE LOTS	TENNESSEE		17,258.	ASSOCIATION, INC.
AKJ, LLC - 47-3681388					TELLICO VILLAGE
112 CHOTA CENTER	TO HOLD AND POSSIBLY SELL				PROPERTY OWNERS
LOUDON, TN 37774	OTHER TVPOA LOTS.	TENNESSEE	223,291.	185,125.	ASSOCIATION, INC.
TV HOLDINGS, LLC - 81-3335831					TELLICO VILLAGE
112 CHOTA CENTER	TO HOLD AND POSSIBLY SELL				PROPERTY OWNERS
LOUDON, TN 37774	OTHER TVPOA LOTS.	TENNESSEE	230,955.	192,231.	ASSOCIATION, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990)

art I	Continuation of Identification of Disregarded Entities
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(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
TELLICO FOOD SERVICES, LLC - 93-3923317					TELLICO VILLAGE
112 CHOTA CENTER					PROPERTY OWNERS
LOUDON, TN 37774	FULL-SERVICE RESTAURANTS	TENNESSEE		819,922.	ASSOCIATION, INC.
_					

62-1270164

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

1 3	, , ,	1				_		T	_		
(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
	(state or	entity	(related, unrelated, lexcluded from tax under	income		allocations?		amount in box	partn	er? Ow	wnership
	country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
									+		
									\vdash		
	(b)	(b) (c) Primary activity Legal domicile (state or foreign	(b) (c) (d)	(b) (c) (d) (e)	(b) (c) (d) (e) (f) Primary activity Legal domicile (state or foreign foreign foreign foreign foreign for the following for the following foreign for the following for the following foreign for the following for the following foreign for the following foreign for the following foreign for the following for the following foreign for the following for the following foreign foreign foreign foreign for the following foreign for the following foreign foreign foreign foreign foreign foreign foreign for the following foreign f	(b) (c) (d) (e) (f) (g)	(b) (c) (d) (e) (f) (g) (l	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal Direct controlling Predominant income Share of total Share of	(b) (c) (d) (e) (f) (g) (h) (i) Primary activity Legal Direct controlling Predominant income Share of total Share of Disconnections Code VI IBI	(b) (c) (d) (e) (f) (g) (h) (i) (j) Primary activity (Legal Direct controlling Predominant income Share of total Share of Discontinuity (Code VI IBI General	(b) (c) (d) (e) (f) (g) (h) (i) (j)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No	

Yes No

ASSOCATION, INC. Schedule R (Form 990) 2023

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V	Transactions With Related Organization	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	5b. or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to or for related organization(s) f Dividends from related or	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/		1a	
c Giff, grant, or capital contribution from related organization(s) 1d						
de Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to ye related organization(s) f Dividends from related organization(s)	С	Gift, grant, or capital contribution from related organization(s)			1c	
be Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assests to related organization(s) f Purchase of assests store related organization(s) f Purchase of assests three related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) it Lease of facilities, equipment, or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations with related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership or fundraising solicitations in Performance of services or membership	d	Loans or loan guarantees to or for related organization(s)			1d	
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) i Exchange of assets with related organization(s) i Exchange of sessive start exchange of services or membership or fundraising solicitations for related organization(s) ii Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of s	е	Loans or loan guarantees by related organization(s)			1e	
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Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, malling lists, or other assets with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses 1 p	k	Lease of facilities, equipment, or other assets from related organization(s)		 	1k	
m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property for related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Type (as) Anount involved Method of determining amount involved Method of determining amount involved Amount involved						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a·s) Amount involved Method of determining amount involved Method of determining amount involved (b) Transaction type (a·s) Amount involved Method of determining amount involved (c) Amount involved Method of determining amount involved (d) Method of determining amount involved						
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q Reimbursement paid by related organization(s) for expenses						
q Reimbursement paid by related organization(s) for expenses	р	Reimbursement paid to related organization(s) for expenses			1p	
r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Transact					1q	
s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Transaction type (a-s) Method of determining amount involved Method of determining amount involved 4) (b) Transaction Transaction type (a-s) Method of determining amount involved Method of determining amount involved Method of determining amount involved						
s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization Transaction type (a-s) Method of determining amount involved Method of determining amount involved 4) (b) Transaction Transaction type (a-s) Method of determining amount involved Method of determining amount involved Method of determining amount involved	r	Other transfer of cash or property to related organization(s)			1r	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction type (a-s) Amount involved Method of determining amount involved 1) 2) 4) 6) (b) Transaction type (a-s) Amount involved Method of determining amount involved Method of determining amount involved Method of determining amount involved Amount involved Method of determining amount involved Method of determining amount involved Amount involved Method of determining amount involved Method of determining amount involved Amount involved Method of determining amount involved Amount involved Method of determining amount involved Method of determining amount involved					1s	
Name of related organization (a) Name of related organization Transaction type (a-s) (b) Transaction type (a-s) (c) Amount involved Method of determining amount involved (d) Method of determining amount involved (a) Method of determining amount involved (b) Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved						
type (a-s) 1) 2) 3) 4) 6)		•				
type (a-s) 1) 2) 3) 4) 6)		Name of related organization			nvolved	
2) 3) 4) 5)			type (a-s)			
2) 3) 4) 5)						
3) 4) 5) 6)	1)					
3) 4) 5) 6)						
3) 4) 5) 6)	2)					
4) 5) 6)	-					
4) 5) 6)	3)					
6)	•					
6)	4)					
6)						
6)	5)					
	6)					
		3 09-28-23	•	Schedule	R (Form	990) 2023

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

TELLICO VILLAGE PROPERTY OWNERS

Schedule R	(Form 990) 2023	ASSOCATION,	INC.	62-1270164	Page 5
Part VII	(Form 990) 2023 Supplemental In	formation			
			uestions on Schedule R. See instructions.		

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2024

Name TELLICO VILLAGE PROPERTY OWNERS ASSOCATION, INC.	Employer Identification Number 62-1270164
Based on the information provided with this return, the following are possible carryover amounts to next y	rear.
FEDERAL PRE-2018 NET OPERATING LOSS	
	-

Name:	TELLICO	VILLAGE	PROPERTY	OWNERS	ASSO

FEIN:	62-1270164

Type and Entity: PRE-2018 NOL FED Section 382 Annual Limitation Section 382 Carryover					DETAIL CARRYOVER SCHEDULE							
`	/ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for 12/31/20	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for 12/31/11
A B C D E F G	2003 2004 2005 2006 2007 2008 2009 2010	70,570. 91,108. 201,904. 201,397. 182,268. 238,313. 184,793. 395,074.	70,570. 91,108. 54,870.	12,100.	14,805.	12,709. 9,344.	22,885.	14,363.	35,243.	9,273. 28,116.	14,454.	
J K L M N O P Q R												
S T U V W	etail ype	E Amount S Used for B 12/31/12	Amount Used for 12/31/13	Amount Used for 12/31/14	Amount Used for 12/31/23	Amount Used for						
A B C D E F G		14,408.	8,941.	7,607.	12,300.							
HIJKLMNO												
P Q R S T U V W												

312571 04-01-23

8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB N	o. 1545-0047
-------	--------------

For calendar year 2023, or fiscal year beginning

, 2023, and ending

Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

Name of filer

Part I

Go to www.irs.gov/Form8879TE for the latest information. TELLICO VILLAGE PROPERTY OWNERS

ASSOCATION, INC.

EIN or SSN 62-1270164

ROBERT BRUNETTI Name and title of officer or person subject to tax

PRESIDENT Type of Return and Return Information

Check	the box for the return for which	you are	us	ng this Form 8879-TE and enter the applicable amount, if any, from the	retum. F	Form 8038-CP and
or 10a whiche	below, and the amount on that	ine for t	the	all other forms, enter whole dollars only. If you check the box on line 1s return being filed with this form was blank, then leave line 1b, 2b, 3b, 4 ut, if you entered -0- on the return, then enter -0- on the applicable line but.	lb. 5b. 6	ib. 7b. 8b. 9b. or 10b.
1a	Form 990 check here		b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1	ib
2 a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2	2b
3a	Form 1120-POL check here			Total tax (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here			Tax based on investment income (Form 990-PF, Part V, line 5)		lb
5a	Form 8868 check here			Balance due (Form 8868, line 3c)		ib
6a	Form 990-T check here	X	b	Total tax (Form 990-T, Part III, line 4)	6	3b 0.
7a	Form 4720 check here			Total tax (Form 4720, Part III, line 1)		'b
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8	Bb
9a	Form 5330 check here			Tax due (Form 5330, Part II, line 19)		lb
10a	Form 8038-CP check here		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) 1	10b
Part	II Declaration and S	ignatı	ıre	Authorization of Officer or Person Subject to Tax		
Under	penalties of perjury, I declare the	at X	l ar	π an officer of the above entity or I am a person subject to tax wit	h respec	at to (name
of entit				, (EIN) and that		•
2023 e comple	lectronic return and accompany te. I further declare that the amo	ing scho ount in l	edu Par	les and statements, and, to the best of my knowledge and belief, they a t I above is the amount shown on the copy of the electronic return. I cor	re true,	correct, and allow my

intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

ERO firm name

PIN:	check	one	box	only
------	-------	-----	-----	------

X | authorize COULTER & JUSTUS, PC

to enter my PIN

70164

Enter five numbers, but do not enter all zeros

SIGN HERE

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

62145932536

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

COULTER & JUSTUS, P.C.

11/05/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Form	990- I	t		janization Business income Tax Return			
			(and proxy tax under section 6033(e))		0000	
		For ca	lendar year 2023 or other tax year beginning , and ending			2023	
Departm	ent of the Treasury		Go to www.irs.gov/Form990T for instructions and the lates Do not enter SSN numbers on this form as it may be made public if your org		ŀ	Open to Public Inspection for 501(c)(3) Organizations Only	
	Revenue Service Check box if	D Em	501(c)(3) Organizations Only ployer identification number				
A	address changed.		Name of organization (1S.)		, ,	
D Evo	mpt under section	Print	1.66661.000		6	2-1270164	
	501(c)(4)	Or	Number, street, and room or suite no. If a P.O. box, see instructions.		E Gro	oup exemption number	
=	408(e) 220(e)	Type	112 CHOTA CENTER		(see	e instructions)	
=	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		1		
	529(a) 529A		LOUDON, TN 37774		F	Check box if	
		C Bo		38,679.		an amended return.	
G Ch	neck organization t		X 501(c) corporation 501(c) trust 401(a) trust	Other trust	State	college/university	
		•	6417(d)(1)(A) Applicable entity				
H C	neck if filing only to	claim	Credit from Form 8941 Refund shown on Form 2439	Elective paymer	nt amo	ount from Form 3800	
I C	neck if a 501(c)(3)	organiz	ration filing a consolidated return with a 501(c)(2) titleholding corporat	ion			
J Er	nter the number of	attach	ed Schedules A (Form 990-T)			1	
K Dı	uring the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary	controlled group?		Yes X No	
If	"Yes," enter the na	ame an	d identifying number of the parent corporation				
	ne books are in car			lephone number 8	<u> 65-</u>	458-5408	
Part	I I otal Unr	elate	d Business Taxable Income			10.00	
1			ess taxable income computed from all unrelated trades or businesses	,	1	12,300.	
2					2	10 200	
3					3	12,300.	
4			s (see instructions for limitation rules)		4	12 200	
5			s taxable income before net operating losses. Subtract line 4 from line		5	12,300.	
6			ting loss. See instructions STAT		6	12,300.	
7			ess taxable income before specific deduction and section 199A dedu		_		
	Subtract line 6 fro				8	1,000.	
8 9			erally \$1,000, but see instructions for exceptions) eduction. See instructions		9	1,000.	
10			lines 8 and 9		10	1,000.	
11			Rable income. Subtract line 10 from line 7. If line 10 is greater than line		11	0.	
Parl				10 7, 011101 2010			
1			as corporations. Multiply Part I, line 11 by 21% (0.21)		1	0.	
2			rates. See instructions for tax computation. Income tax on the amou				
		_	Tax rate schedule or Schedule D (Form 1041)		2		
3	Proxy tax. See in	structi	ons		3		
4			instructions		4		
5	Alternative minim	um tax	·		5		
6	Tax on noncomp	oliant f	acility income. See instructions		6		
7			gh 6 to line 1 or 2, whichever applies		7	0.	
Part							
1a			orations attach Form 1118; trusts attach Form 1116) 1a		-		
b	Other credits (see		′ ······ ——		-		
C			. Attach Form 3800 (see instructions)		-		
d			imum tax (attach Form 8801 or 8827)	-	1		
e	Total credits. Ad				1e	0.	
2			art II, line 7		2	0.	
3a h	Amount due from Amount due from		0044				
b c	Amount due from		2007				
d	Amount due from		2000				
e	Other amounts di						
f		•	I lines 3a through 3e		3f	0.	
4			nd 3f (see instructions).		<u> </u>		
•			x amount here		4	0.	
5			ility paid from Form 965-A, Part II, column (k)		5	0.	

										_	_
Form 99		:023) Tax and Payme	onto							F	Page
Part											
	•	0,		lited to the current year		6a		-			
b		•		if section 643(g) election		66					
_						6b 6c					
				source (see instructions)		6d					
						6e					
				miums (attach Form 894 ⁻	1)	6f					
			·='	8800		6g					
						6h					
						6i					
						6i					
, 7								7			
8				r if Form 2220 is attached				□			
9				es 4, 5, and 8, enter amo				_ _			
10				of lines 4, 5, and 8, enter							
11				d to 2024 estimated tax			Refunde				
Part				Activities and Othe		n (see instr		<u>u 11</u>	Į.		
1			<u> </u>	the organization have ar			,	v		Yes	No
•		, ,	• ′	ther) in a foreign country?		Ü		,		100	110
				Financial Accounts. If "	•	•	•				
	here	,	rt or i oroigir bariit ario	Trinariolary toodarito. II	100, 01101 1110	namo or ano n	oroigir ocaria,	,			х
2		a the tax year did t	the organization receiv	re a distribution from, or v	was it the grant	or of or trans	feror to a				
		• •	-		_						х
				ganization may have to f							
3				ed or accrued during the			\$				
4			NOL carryovers here	. 4 264 48					 er		
		•	•	ice the NOL carryover sh							
5		•	•	Activity Code and availa	•	-	•				
		•		d on any Schedule A, Par	•	•					
			Business Activity Co	•	,	-	post-2017 NC		over		
			•		\$		•				
					\$						
					\$						
					\$						
6 a	Reser	ved for future use			•						
b	Reser	ved for future use									
Part '	v :	Supplemental	Information								
Provide	any a	dditional informatio	n. See instructions.								
٥.				this return, including accompanyi taxpayer) is based on all information				vledge and	d belief, it is to	ue,	
Sign	"	and complete. Deci	aration of preparer (other than		ion of which prepare	i nas any knowica	gc.	May the	IRS discuss t	nie return w	vith
Here					PRESIDE	ENT		,	arer shown be		101
	Si	ignature of officer		Date	Title			instruction	ons)? X	Yes	No
		Print/Type preparer	's name	Preparer's signature	Da	ate	Check	if P	TIN		
Paid				KEVIN MCCOLL	UM,		self-employe	d			
Prepa	rer	KEVIN MCC	OLLUM, CPA	CPA	11	L/05/24			P0011		
Use O		Firm's name C	OULTER & JU				Firm's EIN		62-15	3253	6
	·y			LL ROAD, SUIT	201						
		Firm's address	KNOXVILLE,	TN 37932			Phone no.	865	-637-	4161	

Phone no. 865-637-4161 Form **990-T** (2023)

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWARI PRE-2018 NOL DEDUCTION INC		1,361,179. 12,300.
SCHEDULE A PORTION OF PRE- SCHEDULE A ENTITY	-2018 NOL SCHEDULE A SHARE	
1	0.	
TOTAL SCHEDULE A SHARE OF NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOI EXPIRING NET OPERATING LOS CARRY FORWARD OF NET OPERA	0. 12,300. 0. 0. 1,348,879.	

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	70,570.	70,570.	0.	0.
12/31/04	91,108.	91,108.	0.	0.
12/31/05	201,904.	42,570.	159,334.	159,334.
12/31/06	201,397.	0.	201,397.	201,397.
12/31/07	182,268.	0.	182,268.	182,268.
12/31/08	238,313.	0.	238,313.	238,313.
12/31/09	184,793.	0.	184,793.	184,793.
12/31/10	395,074.	0.	395,074.	395,074.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	1,361,179.	1,361,179.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only TELLICO VILLAGE PROPERTY OWNERS B Employer identification number Name of the organization ASSOCATION, INC. 62-1270164 531120 D Sequence: **C** Unrelated business activity code (see instructions) E Describe the unrelated trade or business GAS SALES Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 509,600. **b** Less returns and allowances 431,008. Cost of goods sold (Part III, line 8) 2 2 78,592. 78,592. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c

5

6

8

10 11

12

13 78,592. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	6,011.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7 6 , 877 .		
8	Less depreciation claimed in Part III and elsewhere on return	8b	6,877.
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 3	14	53,404.
15	Total deductions. Add lines 1 through 14	15	66,292.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	12,300.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	12,300.

For Paperwork Reduction Act Notice, see instructions.

Income (loss) from a partnership or an S corporation (attach statement)

Interest, annuities, royalties, and rents from a controlled

Investment income of section 501(c)(7), (9), or (17)

Rent income (Part IV)

Unrelated debt-financed income (Part V)

organization (Part VI)

organizations (Part VII) Exploited exempt activity income (Part VIII)

Advertising income (Part IX) Other income (see instructions; attach statement)

Schedule A (Form 990-T) 2023

7 8

10

11

12

Part	III Cost of Goods Sold Enter me	thod of inventory valuati	on COST		<u> </u>
1	Inventory at beginning of year	•		1	6,875.
2	Purchases				433,089.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				439,964.
7					8,956.
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter				431,008.
9	Do the rules of section 263A (with respect to property	,			Voc V No
Part l					
1	Description of property (property street address, city,	•	-		
•	A	state, Zii Codej. Offeck	ii a duaruse. See iiisiit	ictions.	
	B				
	<u> </u>				
	D	1 . 1			
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns	A through D. Enter here	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. I	Enter here and on Part I,	line 6, column (B)		0.
Part '					
1	Description of debt-financed property (street address,	city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D	1	Т		
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5		%	(% %
7	Gross income reportable. Multiply line 2 by line 6		70	-	70
8	Total gross income (add line 7, columns A through E	,	t I, line 7. column (A)		0.
_	g	,. =: and on the		<u>-</u> -	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th	nrough D. Enter here and	l on Part I, line 7, colum	nn (B)	0.
11	Total dividends-received deductions included in lin				0.

Page 3

Part \	/I Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	led O	rganization	S (se	ee instruct	ions)		
	Exempt Controlled Organizations											
1. Name of controlled		t	2. Employer	3. Net unrelated 4. T		4. Tota	. Total of specified				. Deductions directly	
	organization		identification	1	ne (loss)	payn	nents made		included olling orga		connected with	
			number	(see ins	structions)				gross inc		income in column 5	
<u>(1)</u>												
(2)												
(3)												
(4)						<u> </u>						
	Tavabla lasans	0.1			Controlled Or		1	-£ l	0	44.5	Nadicialia di da atti	
7.	Taxable Income				otal of specified		10. Part of that is inc				Deductions directly connected with	
			e instructions)	pa;	ayments made		controlling	organiz	zation's		ome in column 10	
(4)		(000					gross	incom	e			
(1) (2)												
(3)												
(4)												
(.)							Add colum	ıns 5 a	nd 10.	Add	columns 6 and 11.	
							Enter here		,	Enter here and on Part I,		
							line 8, c	olumn	(A).	l lin	ie 8, column (B).	
Totals									0.		0.	
Part \	/II Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Desc	ription of	income		2. Amou		3. Deduction		4. Set-		5. Total deductions and set-asides	
					incom	IE	directly conne (attach stater		(attach st	atement	(add cols 3 and 4)	
(4)								,				
(1)												
(2) (3)												
(4)												
(1)					Add amou	ınts in					Add amounts in	
					column 2.						column 5. Enter	
					here and or line 9, colu	,					here and on Part I, line 9, column (B).	
Totals						0.					0.	
Part \	/III Exploited Exploited Exploited	xempt A	ctivity Income,	Other T	han Adve	rtisinç	g Income (see ins	structions)			
1	Description of exploite	d activity:										
2	Gross unrelated busine	ess incom	e from trade or busir	ness. Ente	r here and or	n Part I,	line 10, columi	n (A)		2		
3	Expenses directly conr	nected wit	h production of unre	elated busi	ness income	. Enter h	nere and on Pa	art I,				
	line 10, column (B)									3		
	lines 5 through 7							4				
	•									5		
										6		
	Excess exempt expens											
	4. Enter here and on P	aπ II, line	12							7		

Schedule A (Form 990-T) 2023

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on	a consolidated basis		
	A 🔲				
	В 🗆				
	c 🗆				
	D				
F.a.t.					
Enter	amounts for each periodical listed above in the	_			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	1			
	line 4 showing a loss or zero, do not complete				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les	I			
	than line 6, enter -0-				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	I			
	line 4, enter the lesser of line 4 or line 7	·			
а	Add line 8, columns A through D. Enter the gr	reater of the line 8a columns	total or -0- here and o	n	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	<u>.</u>				
Total	. Enter here and on Part II, line 1				0.
Part		e instructions)			-
	11	o mondonomoj			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
GENERAL INSURANCE BANK CHARGES OCCUPANCY		38,121. 14,807. 476.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	53,404.

Depreciation and Amortization (Including Information on Listed Property)

A PG1 Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

TELLICO VILLAGE PROPERTY OWNERS

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

1

AS:	SOCATION, INC.			GAS	SA	LES			62-1270164
Pa	rt Election To Expense Certain Prope	rty Under Section 17	'9 Note: If yo	ou have any li	sted pro	operty, c	omplete Part	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)							. 1	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)								
	Threshold cost of section 179 property								2,890,000.
	Reduction in limitation. Subtract line 3							1	
	Dollar limitation for tax year. Subtract line 4 from line		•					5	
6	(a) Description of pr	operty		(b) Cost (busin	ness use c	only)	(c) Elected o	ost	
7 l	_isted property. Enter the amount from	ı line 29				7			
	Fotal elected cost of section 179 prope					<u> </u>		8	
	Γentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the s								
	Section 179 expense deduction. Add li		•		,				
	Carryover of disallowed deduction to 2					13			
	: Don't use Part II or Part III below for								
Pa	rt II Special Depreciation Allowa	ince and Other De	epreciation	Don't includ	de listed	propert	y.)		
14 5	Special depreciation allowance for qua		•						
	the tax year						-	14	
	Property subject to section 168(f)(1) ele								
	Other depreciation (including ACRS)							16	
	rt III MACRS Depreciation (Don't								
	(· · ·	ection A					
17 [MACRS deductions for assets placed i	n service in tax ve	ars beginning	n before 2023	3			17	
	f you are electing to group any assets placed in serv	•	•					ï	
<u></u>	Section B - Assets							tion Syste	m
	(a) Classification of avances.	(b) Month and	(c) Basis fo	r depreciation	(d) F	Recovery	(a) Convention	(f) Mathad	(a) Depresiation deduction
	(a) Classification of property	year placed in service		instructions)		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
		/			1	.5 yrs.	ММ	S/L	
h	Residential rental property	,			1	.5 yrs.	MM	S/L	
		,				9 yrs.	MM	S/L	
i	Nonresidential real property	/					ММ	S/L	
	Section C - Assets F	Placed in Service	During 2023	3 Tax Year U	sing the	e Alterna			tem
20a	Class life		_				1	S/L	
b	12-year				1:	2 yrs.		S/L	
	30-year	/				0 yrs.	ММ	S/L	
d	•	,				0 yrs.	MM	S/L	
	rt IV Summary (See instructions.)				-	-	•		1
21	Listed property. Enter amount from line	e 28						21	
	Fotal. Add amounts from line 12, lines		es 19 and 20) in column (a	ı), and li	ne 21.			
	Enter here and on the appropriate lines							22	6,877.
	For assets shown above and placed in							,	
	portion of the basis attributable to sect		,	-		23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Nο Yes (b) (c) (e) (i) (f) (g) (h) (a) Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · % S/L · % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No Yes No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (f) (a) (c) (d) (e) Description of costs Date amortization Amortizable Amortization for this year Code section begins amount period or percentage 42 Amortization of costs that begins during your 2023 tax year 43 43 Amortization of costs that began before your 2023 tax year 44 Total. Add amounts in column (f). See the instructions for where to report