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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		TG 102 INC		74-2699473
		Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8610 NORTH NEW BRAUNFELS 500		210-821-4300
City or town, state and country, and ZIP + 4 SAN ANTONIO, TX 78217-6397		G Gross receipts \$ 4,269,290.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: GILBERT M. PIETTE SAME AS C ABOVE				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				If "No," attach a list. (see instructions)
J Website: N/A				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994		M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AS A CHARITY, PRESERVE LOW-INCOME HOUSING & PROVIDE SOCIAL & EDUCATIONAL SERVICES TO RESIDENTS		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		693.
	10 Investment income (Part VIII, column (A), lines 8, 9, and 7d)	868,515.	466,511.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,599.	1,397,649.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,432.	119,306.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	892,546.	1,984,159.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	127,987.	96,543.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	585,282.	420,574.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	713,269.	517,117.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	179,277.	1,467,042.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,320,370.	5,157,795.
22 Net assets or fund balances. Subtract line 21 from line 20	2,585,325.	2,390.	
		735,045.	5,155,405.

Part II Signature Block

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

Sign Here
 Signature of officer: *Gilbert M. Piette* Date: 5/13/11
 GILBERT M. PIETTE, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *Travis Wolff* Date: 5/13/11
 Firm's name (or yours if self-employed), address, and ZIP + 4: TRAVIS WOLFF, LLP
 9901 IH-10, SUITE 500
 SAN ANTONIO, TX 78230-2252
 Check if self-employed:
 Preparer's identifying number (see instructions):
 EIN: ▶
 Phone no.: ▶ 210-820-3900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUN 15 2010

6 75

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: "SEE SCHEDULE O"

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 517,117. including grants of \$) (Revenue \$ 585,817.) "SEE SCHEDULE O"

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 517,117.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 9		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d _____		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities N/A	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) N/A	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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 in Schedule O. See instructions

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WEDGE MANAGEMENT INC - 210-821-4300**
8610 N NEW BRAUNFELS #500, SAN ANTONIO, TX 78217-6397

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA CASEY VICE-PRESIDENT	0.30	X		X			0.	0.	0.	
ANTHONY RAY PRESIDENT	0.30	X		X			0.	0.	0.	
DIAMANTINA GARCIA SECRETARY	0.30	X		X			0.	0.	0.	
ISSACK ISSACK TREASURER	0.30	X		X			0.	0.	0.	
ALI ADEN ALT DIRECTOR	0.30	X					0.	0.	0.	
AUDRIE BROOKS ALT DIRECTOR	0.30	X					0.	0.	0.	
BRIAN LE ALT DIRECTOR	0.30	X					0.	0.	0.	
M. STEVEN HENDERSON CFO, WEDGE MANAGEMENT IN	1.00			X			0.	146,446.	4,560.	
GILBERT M. PIETTE EXEC DIRECTOR	1.00			X			0.	157,558.	1,301.	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	693.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$		693.				
	h	Total. Add lines 1a-1f		693.				
Program Service Revenue	2 a	TENANT ASSISTANCE PAYM	Business Code 531110	332,184.	332,184.			
	b	TENANT RENTAL INCOME	531110	123,477.	123,477.			
	c	PROGRAM RELATED INV IN	531110	10,850.	10,850.			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		466,511.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		29.			29.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses		3,682,751.			
		c	Gain or (loss)		2,285,131.			
		d	Net gain or (loss)		1,397,620.			1,397,620.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	PY INTEREST EXP ADJUST	531110		61,291.	61,291.			
	b	PY EXPENSES RECOVERED	531110	46,025.	46,025.			
	c	LAUNDRY & VENDING REVE	531110	7,543.	7,543.			
	d	All other revenue	531110	4,447.	4,447.			
e	Total. Add lines 11a-11d			119,306.				
12	Total revenue. See instructions.			1984159.	585,817.	0.	1,397,649.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	76,552.	76,552.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	13,645.	13,645.		
10 Payroll taxes	6,346.	6,346.		
11 Fees for services (non-employees):				
a Management	32,267.	32,267.		
b Legal	11,007.	11,007.		
c Accounting	2,150.	2,150.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	46,792.	46,792.		
12 Advertising and promotion	10.	10.		
13 Office expenses	7,930.	7,930.		
14 Information technology				
15 Royalties				
16 Occupancy	122,486.	122,486.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	403.	403.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,767.	95,767.		
23 Insurance	1,368.	1,368.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACTS-MAINTENANCE	40,607.	40,607.		
b SUPPLIES-MAINTENANCE	23,148.	23,148.		
c SECURITY COSTS	17,490.	17,490.		
d MISC OPER & MAINT	8,004.	8,004.		
e RENT FREE UNIT	5,058.	5,058.		
f All other expenses	6,087.	6,087.		
25 Total functional expenses. Add lines 1 through 24f	517,117.	517,117.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	24,509.	1	86,491.
	2 Savings and temporary cash investments	81,130.	2	343,763.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	329.	4	65,985.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,204.	9	--
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	2,274,730.	10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	706.
	13 Investments - program-related. See Part IV, line 11		13	4,660,850.
	14 Intangible assets	1,151.	14	
	15 Other assets. See Part IV, line 11	915,317.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,320,370.	16	5,157,795.	
Liabilities	17 Accounts payable and accrued expenses	318,837.	17	2,390.
	18 Grants payable		18	
	19 Deferred revenue	5,717.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	15,749.	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,245,022.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,585,325.	26	2,390.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	735,045.	27	5,155,405.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	735,045.	33	5,155,405.	
34 Total liabilities and net assets/fund balances	3,320,370.	34	5,157,795.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			25.		693.	718.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	789,255.	844,687.	915,943.	887,893.	478,491.	3,916,269.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	789,255.	844,687.	915,968.	887,893.	479,184.	3,916,987.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	37,963.	40,629.	42,591.	84,261.	32,490.	237,934.
c Add lines 7a and 7b	37,963.	40,629.	42,591.	84,261.	32,490.	237,934.
8 Public support (Subtract line 7c from line 6.)						3,679,053.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	789,255.	844,687.	915,968.	887,893.	479,184.	3,916,987.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,867.	38,155.	21,191.	2,599.	29.	84,841.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	22,867.	38,155.	21,191.	2,599.	29.	84,841.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,542.	3,008.	788.	2,054.	107,326.	116,718.
13 Total support (Add lines 9, 10c, 11, and 12.)	815,664.	885,850.	937,947.	892,546.	586,539.	4,118,546.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.33 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	80.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.06 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.33 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

TG 102 INC

Employer identification number

74-2699473

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b		

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 0.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: EXPLANATION FOR UNCERTAIN TAX POSITIONS UNDER FIN 48:

THE CORPORATION IS ORGANIZED AS A TEXAS NONPROFIT ORGANIZATION. THE CORPORATION INTENDS TO OPERATE AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS OBTAINED A LETTER FROM THE INTERNAL REVENUE SERVICE THAT PROVIDES TAX-EXEMPT STATUS. THUS NO INCOME TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CORPORATION RECOGNIZES A TAX POSITION IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TG 102 INC

Employer identification number

74-2699473

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1B: WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF

EXPENSES LISTED IN PART I, LINE 1A:

NOT APPLICABLE SINCE PART I, LINE 1A IS NOT APPLICABLE.

PART I, LINE 2: SUBSTANTIATION REQUIRED PRIOR TO PAYMENT OR

REIMBURSEMENT OF EXPENSES LISTED IN PART I, LINE 1A: NOT APPLICABLE SINCE

PART I, LINE 1A IS NOT APPLICABLE. FURTHERMORE, THE ORGANIZATION DOES NOT

PAY OR REIMBURSE THE EXPENSES OF ANY PERSON THAT IS LISTED OR WOULD BE

LISTED ON "FORM 990, PART VII, LINE 1A".

PART I, LINE 3: ESTABLISHMENT OF COMPENSATION: HOUSING AND COMMUNITY

SERVICES, INC. (HCS), IS A RELATED 501(C)(3) TAX EXEMPT ORGANIZATION THAT

PROVIDES OVERSIGHT SERVICES AND RESIDENT SERVICES COORDINATION TO THE

ORGANIZATION. HCS MAINTAINS CONTROL OF THE ORGANIZATION BY ITS POWER TO

APPOINT THREE MEMBERS OF THE FIVE-MEMBER BOARD. THE EXECUTIVE DIRECTOR

(ED) OF HCS, GILBERT M. PIETTE, ALSO SERVES AS THE UNCOMPENSATED ED OF THE

ORGANIZATION. THE HCS BOARD OF DIRECTORS ESTABLISHES A COMPENSATION

COMMITTEE ANNUALLY TO REVIEW COMPENSATION FOR THE ED. NONE OF THE ED

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

COMPENSATION IS PAID BY THE ORGANIZATION.

WEDGE MANAGEMENT, INC. (WMI) IS A RELATED TAXABLE CORPORATION THAT PROVIDES PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION. THE ED OF HCS IS ALSO THE CEO OF WMI. M. STEVEN HENDERSON IS THE CHIEF FINANCIAL OFFICER (CFO) FOR HCS AND WMI. TOGETHER HCS AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED AND CFO. THE ORGANIZATION HAS ELECTED TO USE OPTION 1 (FORM W-2 METHOD) TO REPORT THE C&B OF THE ED AND CFO.

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III
- 4a** Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?
- b** If "Yes," provide the date of the letter. **▶** Attach a copy of the letter and, if applicable, the organization's request for the letter
- 5a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?
- b** If "Yes," did the organization provide such notice?
- 6** Did the organization discharge or pay all liabilities in accordance with state laws?
- 7a** Did the organization have any tax-exempt bonds outstanding during the year?
- b** Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?
- c** If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	FIXED ASSET- LAND	04/07/10	468,723	APPRAISAL, LESS BROKER FEE	26-3227731	OM/OV, LP 8610 N. NEW BRAUNFELS #500 SAN ANTONIO, TX 78217-6397	LIMITED PARTNERSHIP
	FIXED ASSETS - BUILDING	04/07/10	3,121,959	APPRAISAL, LESS BROKER FEE	26-3227731	OM/OV, LP 8610 N. NEW BRAUNFELS #500 SAN ANTONIO, TX 78217-6397	LIMITED PARTNERSHIP

- 2** Did or will any officer, director, trustee, or key employee of the organization.
 - a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		X
2b		X
2c		X
2d		X

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PART II: SALE OF MORE THAN 25% OF THE ORGANIZATION'S ASSETS: THE ORGANIZATION AND TG 103, INC. HAD THE SAME MISSIONS, HAD THE SAME OFFICERS AND DIRECTORS (BUT ON SEPARATE BOARDS), WERE INCOME TAX EXEMPT UNDER SECTION 501(C)(3), AND OWNED CONTIGUOUS LOW-INCOME HOUSING PROPERTIES WITH U. S. DEPARTMENT OF HUD (HUD) PROPERTY BASED SECTION 8 HOUSING ASSISTANCE CONTRACTS (HAP). THE ORGANIZATION OWNED THE 101-UNIT OAK MANOR APARTMENTS (OMA) AND TG 103, INC. OWNED THE 128-UNIT OAK VILLAGE APARTMENTS (OVA). BOTH PROPERTIES OPERATED WITHIN THE SAME PERIMETER SECURITY FENCE WITH CONTROLLED ACCESS GATES, USED ONE COMMON ON-SITE MANAGEMENT OFFICE, AND SHARED EMPLOYEES AND OPERATING COSTS ALLOCATED ON A PER-UNIT PRO-RATA BASIS.

DURING 2007, THE ORGANIZATION AND TG 103, INC. ENTERED INTO AGREEMENTS FOR THE SALES OF THEIR PROPERTIES TO OM/OV, LP. THE PURPOSES OF THE SALES WERE TO REHABILITATE AND MODERNIZE THE PROPERTIES. ON JULY 31, 2008, THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS (TDHCA) AWARDED OM/OV, LP HOUSING TAX CREDITS FOR THE ACQUISITION AND REHABILITATION OF THE TWO PROPERTIES. THE TAX CREDIT SET-ASIDE INCLUDED A MAXIMUM ANNUAL CREDIT OF \$1,200,000 OVER TEN YEARS. SUBSEQUENT TO THE TAX CREDITS AWARD, THE TDHCA ACCEPTED THE OM/OV, LP REQUEST TO PARTICIPATE IN THE TAX CREDIT EXCHANGE PROGRAM (TCEP). CLOSINGS OF THE TRANSACTIONS WERE SUBJECT TO THE COMPLETION OF THE TCEP REQUIREMENTS WITH THE TDHCA AND THE RECEIPT OF APPROVAL OF THE HUD IN ACCORDANCE WITH HUD REGULATIONS GOVERNING THE TRANSFER OF PHYSICAL ASSETS. TCEP REQUIREMENTS WERE MET AND HUD APPROVALS WERE GRANTED. THE CLOSINGS OF THE SALES OCCURRED ON APRIL 7, 2010.

THE TOTAL SALES PRICE FOR THE LAND AND BUILDINGS OF BOTH PROPERTIES WAS

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

\$8,350,000, WHICH WAS ALLOCATED BASED ON UNITS BETWEEN THE ORGANIZATION AND TG 103, INC. THE SALES PRICE ALLOCATION WAS \$3,682,751 FOR OMA AND \$4,667,249 FOR OVA. A BROKER FEE TO AN UNRELATED PARTY FURTHER REDUCED THE SALES PRICES BY \$92,069 FOR OMA TO GIVE IT A NET SALES PRICE OF \$3,590,682 AND BY \$116,681 FOR OVA TO GIVE IT A NET SALES PRICE OF \$4,550,568. THE TWO PROPERTIES BECAME ONE LOW-INCOME HOUSING PROPERTY WITH 229 UNITS, ONE HAP AGREEMENT, AND OWNED BY OM/OV, LP OPERATING AS OAK MANOR APARTMENTS. THE REHABILITATION AND MODERNIZATION OF THE NEW PROPERTY MUST BE COMPLETED BY DECEMBER 31, 2011.

ON APRIL 7, 2010 AFTER THE SALE OF ITS FIXED ASSETS TO OM/OV, LP, TG 103, INC. MERGED THE REMAINDER OF ITS NET ASSETS INTO THE ORGANIZATION AND DISSOLVED. THE ORGANIZATION AS THE SUCCESSOR ENTITY, IS THE SOLE MEMBER OF OM/OV GP, LLC, WHICH IS THE GENERAL PARTNER OF OM/OV, LP, OPERATING AS OAK MANOR APARTMENTS.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2009

Open to Public
Inspection

Name of the organization

TG 102 INC

Employer identification number
74-2699473

FORM 990, PART VI, SECTION A, LINE 3: DELEGATE CONTROL OF MANAGEMENT

DUTIES: THE ORGANIZATION CONTRACTS WITH WEDGE MANAGEMENT, INC. TO SERVE AS
ITS MANAGEMENT AGENT AND TO MANAGE ITS OPERATIONAL ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 8B: DOCUMENT COMMITTEE MEETINGS AND

ACTIONS: THE ORGANIZATION BOARD OF DIRECTORS MAINTAINS NO COMMITTEES.

HOWEVER, IF COMMITTEES ARE APPOINTED, THEN COMMITTEE MEETINGS AND ACTIONS
TAKEN WOULD BE CONTEMPORANEOUSLY DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 REVIEW: THE EXECUTIVE

DIRECTOR IS CHARGED WITH THE TIMELY AND ACCURATE PREPARATION AND FILING OF

THE ANNUAL FORM 990. AN UNRELATED, INDEPENDENT CPA FIRM PREPARES A DRAFT

OF THE FORM 990. THE MANAGEMENT COMPANY CHIEF FINANCIAL OFFICER AND

CONTROLLER REVIEW THE 990. THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE

FINAL FORM 990 AND THEN HAS IT FILED. A COPY OF THE FORM 990 THAT WAS

FILED IS PROVIDED TO THE BOARD OF DIRECTORS AT THE BOARD MEETING SUBSEQUENT

TO THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY: AT

THE ANNUAL MEETING OF THE BOARD MEMBERS, ALL ARE ASKED TO REVIEW AND SIGN A

NEW POLICY STATEMENT AND ADVISE THE BOARD IF ANY CONFLICTS EXIST.

FORM 990, PART VI, SECTION B, LINE 15: DETERMINATION OF COMPENSATION:

HOUSING AND COMMUNITY SERVICES, INC. (HCS), A 501(C)(3) TAX EXEMPT

ORGANIZATION, MAINTAINS CONTROL OF THE ORGANIZATION BY ITS POWER TO APPOINT

THREE MEMBERS OF THE FIVE-MEMBER BOARD. THE EXECUTIVE DIRECTOR OF HCS ALSO

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Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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TG 102 INC

Employer identification number
74-2699473

SERVES AS THE UNCOMPENSATED EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE
HCS BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY TO
REVIEW COMPENSATION FOR THE EXECUTIVE DIRECTOR. NONE OF THE ED'S
COMPENSATION IS PAID BY THE ORGANIZATION.

WEDGE MANAGEMENT, INC. (WMI) IS A RELATED TAXABLE CORPORATION THAT
PROVIDES PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION.
THE ED OF HCS IS ALSO THE CEO OF WMI. THE CHIEF FINANCIAL OFFICER (CFO)
FOR THE ORGANIZATION IS ALSO THE CFO FOR HCS AND WMI. TOGETHER HCS AND WMI
PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED AND CFO. THE ED WITH
OVERSIGHT FROM THE HCS COMPENSATION COMMITTEE ANNUALLY REVIEWS THE
COMPENSATION FOR THE CFO. NONE OF THE CFO'S COMPENSATION IS PAID BY THE
ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19: DISCLOSURE OF ORGANIZATIONAL
DOCUMENTS AND POLICY TO PUBLIC: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.
THE ANNUAL FORM 990 IS AVAILABLE ON THE "GUIDESTAR" WEBSITE.

PART XI, LINE 2C: AUDIT COMMITTEE: HOUSING AND COMMUNITY SERVICES, INC.
AS THE CONTROLLING ENTITY MAINTAINS A STANDING AUDIT COMMITTEE TO
SELECT THE INDEPENDENT AUDITOR. WEDGE MANAGEMENT, INC. AS MANAGEMENT
AGENT IS CHARGED WITH PROVIDING OVERSIGHT OF THE ANNUAL AUDIT AND
REVIEWING THE AUDIT REPORT PREPARED BY THE AUDITOR. THE ORGANIZATION'S
BOARD OF DIRECTORS MEETS AT A REGULARLY SCHEDULED SEMIANNUAL MEETING
AFTER THE FISCAL YEAR END. PRIOR TO THIS MEETING, THE BOARD RECEIVES A
COPY OF THE AUDIT TO BE ISSUED. THEN AT THIS MEETING, THE BOARD

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Inspection

Name of the organization

TG 102 INC

Employer identification number
74-2699473

REVIEWS AND APPROVES ACCEPTANCE OF THE AUDIT REPORT. TWO DIRECTORS
WILL SIGN THE AUDIT REPORT FOR THE ORGANIZATION. THE PROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.

FORM 990, PART III, LINE 1: ORGANIZATION'S MISSION: THE MISSION OF TG
102, INC. IS TO PROVIDE DECENT, SAFE AND SANITARY HOUSING FOR
LOW-INCOME HOUSEHOLDS AND TO CREATE OPPORTUNITIES AND INCENTIVES FOR
RESIDENTS TO ACHIVE SELF-SUFFICIENCY. A PRIMARY ACTIVITY OF TG 102,
INC. IS TO PROVIDE OVERSIGHT AND GUIDANCE FOR THE OWNERSHIP AND
OPERATION OF OM/OV, LP OPERATING AS OAK MANOR APARTMENTS, A 229-UNIT
APARTMENT COMPLEX LOCATED AT 2330 AUSTIN HIGHWAY, SAN ANTONIO, TEXAS
78218 FOR THE BENEFIT OF LOW-INCOME RESIDENTS MAKING LESS THAN 60% OF
AREA MEDIAN INCOME (AMI). TG 102, INC. AS SOLE MEMBER OF OM/OV GP,
LLC, GENERAL PARTNER OF OM/OV, LP, MAINTAINS A U. S. DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT (HUD) PROPERTY BASED SECTION 8 HOUSING
ASSISTANCE PAYMENT (HAP) CONTRACT FOR 220 UNITS, MAKING THEM AVAILABLE
TO FAMILIES AND INDIVIDUALS WITH INCOMES OF LESS THAN 30% OF THE AREA
MEDIAN INCOME. TG 102, INC. WAS INCORPORATED IN THE STATE OF TEXAS ON
MAY 10, 1994; RECEIVED 501(C)(3) TAX EXEMPTION FROM THE IRS; AND
RECEIVED AND MAINTAINS A 100% PROPERTY TAX EXEMPTION FROM THE BEXAR
COUNTY, TEXAS APPRAISAL DISTRICT

FORM 990, PART III, LINE 4A: EXEMPT PURPOSE ACHIEVEMENTS: DURING THE
TAX PERIOD COVERED BY THIS REPORT; TG 102, INC. RENEWED THE PROPERTY
BASED SECTION 8 CONTRACT, MAKING 220 UNITS AVAILABLE FOR LOW-INCOME

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Schedule O (Form 990) 2009

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

TG 102 INC

Employer identification number

74-2699473

RESIDENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. ADDITIONALLY, TG
102, INC. MAINTAINED PROPERTY OPERATIONS IN COMPLIANCE WITH THE
REGULATIONS OF THE U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
(HUD).

TG 102, INC. OVERSEES THE OPERATIONS OF THE COMMUNITY LEARNING CENTER
ON SITE. PROGRAMS AT THE CENTER INCLUDE, BUT ARE NOT LIMITED TO, AFTER
SCHOOL PROGRAMS AND SUMMER PROGRAMS FOR YOUTH, ADULT LEARNING
OPPORTUNITIES, SOCIAL SERVICES FOR RESIDENTS, AND RESIDENT ACTIVITIES
THROUGHOUT THE YEAR.

ON APRIL 7, 2010, TG 102, INC. AS SOLE MEMBER OF OM/OV GP, LLC, GENERAL
PARTNER OF OM/OV, LP CLOSED ON TAX CREDIT EXCHANGE PROGRAM FUNDING
(TCEP) FROM THE TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS. AT
CLOSING OF THE TCEP, TG 102, INC. SOLD THE OAK MANOR APARTMENTS, A
101-UNIT APARTMENT COMPLEX TO OM/OV, LP. SIMULTANEOUSLY, TG 103, INC.
SOLD THE OAK VILLAGE APARTMENTS, A 128-UNIT APARTMENT COMPLEX TO OM/OV,
LP. BOTH SALES CONSEQUENTLY CONVERTED OAK MANOR APARTMENTS INTO A
229-UNIT APARTMENT COMPLEX. AS PART OF THE CLOSING, HUD APPROVED
ASSIGNMENT OF THE SECTION HAP CONTRACTS. AS A RESULT OF THE TCEP, THE
229 UNITS ARE BEING REHABILITATED AND MODERNIZED WITH AN EXPECTED
COMPLETION DATE OF DECEMBER 2011. AFTER THE SALE OF ITS PROPERTY, TG
103, INC. MERGED INTO TG 102, INC. LEAVING TG 102, INC. AS THE
OVERSIGHT NONPROFIT ORGANIZATION FOR THE REHABILITATION PROJECT OF THE
APARTMENTS. SEE SCHEDULE N, PART III FOR ADDITIONAL DETAILS.

SCHEDULE O
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Inspection

Name of the organization

TG 102 INC

Employer identification number

74-2699473

PART IV, LINE 33: OWN 100% OF AN ENTITY REGARDED AS SEPARATE: SCHEDULE
R, PART I, IDENTIFICATION OF DISREGARDED ENTITIES: OM/OV GP, LLC IS
RELATED, BECAUSE THE ORGANIZATION IS THE SOLE MEMBER. AS A DISREGARDED
ENTITY FOR INCOME TAX PURPOSES, IT IS CONSOLIDATED ON THE INCOME TAX
RETURN OF THE ORGANIZATION.

PART IV, LINE 34: RELATED TO TAX-EXEMPT AND TAXABLE ENTITIES: SCHEDULE
R, PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: HOUSING
AND COMMUNITY SERVICES, INC. (HCS), A 501(C)(3) TAX EXEMPT
ORGANIZATION, IS RELATED, BECAUSE IT MAINTAINS CONTROL OF THE
ORGANIZATION BY ITS POWER TO APPOINT THREE MEMBERS OF THE FIVE-MEMBER
BOARD. THE EXECUTIVE DIRECTOR OF HCS ALSO SERVES AS THE UNCOMPENSATED
EXECUTIVE DIRECTOR OF THE ORGANIZATION. HCS PROVIDES PROJECT OVERSIGHT
SERVICES AND RESIDENT SERVICES COORDINATION TO THE ORGANIZATION.

THE ORGANIZATION WAS RELATED TO TG 103, INC., A 501(C)(3) TAX EXEMPT
ORGANIZATION AND AN AFFILIATE OF HCS, BECAUSE THE SAME PERSONS SERVING
ON THE BOARDS OF DIRECTORS FOR BOTH ORGANIZATIONS CONSTITUTED A
MAJORITY OF THE MEMBERS OF BOTH GOVERNING BODIES. AS OF APRIL 7, 2010,
TG 103, INC. WAS NO LONGER A RELATED ENTITY DUE TO IT BEING MERGED INTO
THE ORGANIZATION. SEE SCHEDULE N, PART III FOR ADDITIONAL DETAILS.

PART IV, LINE 34: RELATED TO TAX-EXEMPT AND TAXABLE ENTITIES: SCHEDULE
R, PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A
PARTNERSHIP: OM/OV, LP IS RELATED, BECAUSE ITS GENERAL PARTNER IS OM/OV
GP, LLC, WHICH HAS THE ORGANIZATION AS ITS SOLE MEMBER.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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▶ Attach to Form 990.

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Open to Public
Inspection.

Name of the organization

TG 102 INC

Employer identification number
74-2699473

PART IV, LINE 34: RELATED TO TAX-EXEMPT AND TAXABLE ENTITIES: SCHEDULE
R, PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A
CORPORATION: WEDGE MANAGEMENT, INC. (WMI), A TAXABLE CORPORATION, IS
RELATED, BECAUSE HCS OWNS 100% OF THE VOTING COMMON STOCK OF WMI. THE
EXECUTIVE DIRECTOR OF HCS, WHO IS ALSO THE EXECUTIVE DIRECTOR OF THE
ORGANIZATION, SERVES AS AN OFFICER AND DIRECTOR OF WMI. WMI PROVIDES
PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION.

PART I, LINES 21 AND 22: CHANGE FROM BEGINNING OF CURRENT YEAR TO END
OF YEAR: NET ASSETS INCREASED BY \$4,420,360 DUE TO THE CURRENT YEAR
EXCESS OF \$1,467,042 AND TO THE CAPITAL CONTRIBUTION OF \$2,953,318 OF
NET ASSETS FROM THE MERGER OF TG 103, INC. INTO THE ORGANIZATION.

ELECTION OUT OF 50% BONUS DEPRECIATION

TG 102, INC. DBA OAK MANOR APARTMENTS

8610 NORTH NEW BRAUNFELS, SUITE 500

SAN ANTONIO, TX 78217-6397

IDENTIFICATION NUMBER: 74-2699473

TAX YEAR ENDED: JUNE 30, 2010

TAXPAYER ELECTS UNDER IRC SEC. 168(K)(2)(D)(III) TO NOT CLAIM THE

ADDITIONAL 50% FIRST-YEAR BONUS DEPRECIATION DEDUCTION FOR ALL ELIGIBLE

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SCHEDULE O
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Supplemental Information to Form 990

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▶ Attach to Form 990.

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Name of the organization

TG 102 INC

Employer identification number

74-2699473

CLASSES OF PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDED JUNE

30, 2010.

Multiple horizontal lines for listing property classes.

SCHEDULE R
(Form 990)

Department of the Treasury
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Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2009
Open to Public Inspection

Name of the organization

TG 102 INC

Employer identification number
74-2699473

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OM/OV GP, LLC - 26-3180174					
8610 N. NEW BRAUNFELS #500			693.	1,706.	N/A
SAN ANTONIO, TX 78217-6397	LOW-INCOME HOUSING	TEXAS			

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOUSING AND COMMUNITY SERVICES, INC. - 74-2685268, 8610 N. NEW BRAUNFELS, #500, SAN ANTONIO, TX 78217-6397	LOW-INCOME HOUSING	TEXAS	501(C)(3)	9	N/A
TG 102, INC. - 74-2699475					
8610 N. NEW BRAUNFELS, #500					
SAN ANTONIO, TX 78217-6397	LOW-INCOME HOUSING	TEXAS	501(C)(3)	9	N/A

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Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
OM/OV, LP - 26-3227731										
8610 N. NEW BRAUNFELS #500										
SAN ANTONIO, TX 78217-6397	LOW-INCOME HOUSING	TX	OM/OV GP, LLC	RELATED	0.	0.		X	N/A	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(c) 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
8610 N. NEW BRAUNFELS, #500							
SAN ANTONIO, TX 78217-6397							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other 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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return
TG 102 INC

Business or activity to which this form relates
FORM 990 PAGE 10

Identifying number
74-2699473

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	91,276.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life	177,725.	10/20 Y	HY	S/L	3,340.
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	94,616.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 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							25	
26 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) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 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												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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 are not 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 employees?		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," do not complete Section B for the covered vehicles.			

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
43 Amortization of costs that began before your 2009 tax year				43	1,151.
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,151.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Hope Andrade
Secretary of State

Office of the Secretary of State

April 08, 2010

Locke Lord Bissell & Liddell
100 Congress Ave, Ste. 300
Austin, TX 78701 USA

RE:
TG 102, INC. (File Number: 131196601)

It has been our pleasure to approve and place on record the filing instrument effecting a merger. The appropriate evidence of filing is attached for your files. Payment of the filing fee is acknowledged by this letter.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division

Enclosure

Phone: (512) 463-5555
Prepared by: Lisa Jones

Come visit us on the internet at <http://www.sos.state.tx.us/>

Fax: (512) 463-5709
TID: 10339

Dial: 7-1-1 for Relay Services
Document: 302582500002



Office of the Secretary of State

CERTIFICATE OF MERGER

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument merging

TG 103, INC.
Domestic Nonprofit Corporation
[File Number: 131196701]

Into

TG 102, INC.
Domestic Nonprofit Corporation
[File Number: 131196601]

has been received in this office and has been found to conform to law.

Accordingly, the undersigned, as Secretary of State, and by the virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the merger on the date shown below.

Dated: 04/07/2010

Effective: 04/07/2010



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade
Secretary of State

Form 624
 (Revised 01/06)
 Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512 463-5709
Filing Fee: see instructions



**Certificate of Merger
 for Nonprofit Corporations**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas

APR 07 2010

Corporations Section

Parties to the Merger

Pursuant to chapter 10 and Title 2 of the Texas Business Organizations Code, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

Party 1

TG 102, Inc.

Name of Organization

The organization is a nonprofit corporation. It is organized under the laws of:

Texas **USA** The file number, if any, is **131196601**
State Country Texas Secretary of State file number

Its principal place of business is **8610 N. New Braunfels, Ste 500** **San Antonio** **TX**
Address City State

The organization will survive the merger. The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 2

TG 103, Inc.

Name of Organization

The organization is a nonprofit corporation. It is organized under the laws of:

Texas **USA** The file number, if any, is **131196701**
State Country Texas Secretary of State file number

Its principal place of business is **8610 N. New Braunfels, Ste 500** **San Antonio** **TX**
Address City State

The organization will survive the merger. The organization will not survive the merger.

The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Party 3

Name of Organization

The organization is a nonprofit corporation. It is organized under the laws of:

The file number, if any, is _____
State _____ Country _____ Texas Secretary of State file number _____

Its principal place of business is _____
Address _____ City _____ Stat _____

- The organization will survive the merger. The organization will not survive the merger.
- The plan of merger amends the name of the organization. The new name is set forth below.

Name as Amended

Plan of Merger

- The plan of merger is attached.

If the plan of merger is not attached, the following statements must be completed.

Alternative Statements

By checking the following boxes, each domestic nonprofit corporation certifies that:

- A signed plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic or foreign nonprofit corporation that is named in this form as a party to the merger or an organization created by the merger.
- On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic or foreign nonprofit corporation to any member of any domestic nonprofit corporation that is a party to or created by the plan of merger.

If a filing entity is to survive the merger, complete either A or B. If B is selected, provide relevant information in the space provided.

Amendments

- A. No amendments to the certificate of formation of any domestic nonprofit corporation that is a party to the merger are effected by the merger.
- B. The plan of merger effected changes or amendments to the certificate of formation of

Name of filing entity effecting amendments

The changes or amendments to the filing entity's certificate of formation, other than any name change noted previously, are stated below.

Amendment Text Area

[Empty text area for amendments]

Organizations Created by Merger

The name, jurisdiction of formation, principal place of business address, and entity description of each

domestic or foreign nonprofit corporation to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic nonprofit corporation to be created is being filed with this certificate of merger.

NEW ORGANIZATION 1			
		Nonprofit corporation	
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type</i>	
<i>Principal Place of Business Address</i>		<i>City</i>	<i>State Zip Code</i>

NEW ORGANIZATION 2			
		Nonprofit corporation	
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type</i>	
<i>Principal Place of Business Address</i>		<i>City</i>	<i>State Zip Code</i>

NEW ORGANIZATION 3			
		Nonprofit corporation	
<i>Name</i>	<i>Jurisdiction</i>	<i>Entity Type</i>	
<i>Principal Place of Business Address</i>		<i>City</i>	<i>State Zip</i>

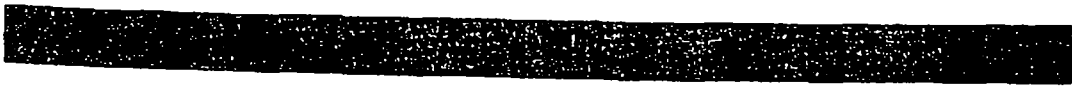
Approval of the Plan of Merger

The plan of merger has been approved as required by the laws of the jurisdiction of formation of each organization that is a party to the merger and by the governing documents of those organizations.

The approval of the members of _____ *Name of domestic nonprofit corporation* was not required by the provisions of the BOC.

Effectiveness of Filing (Select either A, B, or C)

- A. This document becomes effective when the document is accepted and filed by the secretary of state.
- B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____
The following event or fact will cause the document to take effect in the manner described below:



The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: Apr. 7, 2010

TG 102, Inc.,
a Texas non-profit corporation

By: 
Gilbert M. Piette, Executive Director

TG 103, Inc.,
a Texas non-profit corporation

By: 
Gilbert M. Piette, Executive Director

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization TG 102 INC	Employer identification number 74-2699473
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 8610 NORTH NEW BRAUNFELS, NO. 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78217-6397	

Check type of return to be filed(file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

WEDGE MANAGEMENT INC

- The books are in the care of ▶ **8610 N NEW BRAUNFELS #500 - SAN ANTONIO, TX 78217-6397**
Telephone No ▶ **210-821-4300** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	TG 102 INC	74-2699473
	Number, street, and room or suite no. If a P.O. box, see instructions 8610 NORTH NEW BRAUNFELS, NO. 500	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78217-6397		

Enter the Return code for the return that this application is for (file a separate application for each return)

011

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of 8610 N NEW BRAUNFELS #500 - SAN ANTONIO, TX 78217-6397

Telephone No. 210-821-4300

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 2011

5 For calendar year , or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension

TAXPAYER REQUIRES ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title EXECUTIVE DIRECTOR

Date 2/14/11