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

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)

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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	C Name of organization TARRANT COUNTY HOUSING PARTNERSHIP INC		D Employer identification number 75-2399903
	Doing Business As		E Telephone number (817) 924-5091
	Number and street (or P O box if mail is not delivered to street address) 3204 COLLINSWORTH STREET	Room/suite	
	City or town, state or country, and ZIP + 4 FORT WORTH, TX 76107		
F Name and address of principal officer DONNA VANNESS 3204 COLLINSWORTH ST FT WORTH, TX 76107		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW TCHP NET			

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1991 **M** State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities REVITALIZE DISTRESSED NEIGHBORHOODS IN TARRANT COUNTY, TX AND INCREASE THE AMOUNTS OF DECENT, AFFORDABLE HOUSING AVAILABLE TO LOWER INCOME FAMILIES AND INDIVIDUALS WITH SPECIAL HOUSING NEEDS		
	2 Check this box <input 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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total 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 1,065,528	Current Year 5,705,903
	9 Program service revenue (Part VIII, line 2g)	518,613	995,580
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270	3,628
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,783	-2,167,712
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,791,194	4,537,399
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	518,967	620,757
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,533		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,288,014	2,787,068
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,806,981	3,407,825	
19 Revenue less expenses Subtract line 18 from line 12	-15,787	1,129,574	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,623,838	End of Year 5,178,208
	21 Total liabilities (Part X, line 26)	694,454	3,119,250
	22 Net assets or fund balances Subtract line 21 from line 20	929,384	2,058,958

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	2011-10-28 Date
	DONNA VANNESS PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALISON WILLIAMS	Preparer's signature ALISON WILLIAMS	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ RYLANDER CLAY & OPITZ LLP				Firm's EIN ▶
	Firm's address ▶ 3200 RIVERFRONT DRIVE SUITE 200 FORT WORTH, TX 76107				Phone no ▶ (817) 332-2301

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
REVITALIZE DISTRESSED NEIGHBORHOODS IN TARRANT COUNTY AND INCREASE THE AMOUNTS OF DECENT, AFFORDABLE HOUSING AVAILABLE TO LOWER INCOME FAMILIES AND INDIVIDUALS WITH SPECIAL HOUSING NEEDS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 2,110,390 including grants of \$) (Revenue \$ -2,167,712)
ACQUISITION/REHABILITATION/RESALE THE PURPOSE OF TCHP'S 'REHAB' PROGRAM IS TO RENOVATE DILAPIDATED HOUSING STOCK, IMPROVE THE OVERALL VIABILITY OF LOCAL NEIGHBORHOODS, AND CREATE AFFORDABLE HOUSING OPTIONS SERVING S AS THE NON-PROFIT OWNER/DEVELOPER, TCHP SEARCHES THE FORECLOSURE LISTS FOR PROPERTIES THAT ARE WITHIN THE TARGET NEIGHBORHOODS AND ARE VALUED IN AN AFFORDABLE RANGE TO RESALE TO LOW TO MODERATE INCOME FAMILIES UPON ACQUISITION, TCHP UPGRADES THE PROPERTY TO MEET OR EXCEED LOCAL CODE AND FEDERAL HOUSING QUALITY REQUIREMENTS TCHP ADHERES TO HIGH STANDARDS IN CONSTRUCTING THE HIGHEST QUALITY HOME WHILE MAINTAINING THE LOWEST POSSIBLE COST PER SQUARE FOOTAGE TCHP RENOVATES FORECLOSED PROPERTIES IN COMPLIANCE WITH STATE AND LOCAL CODES REQUIREMENTS, MINIMUM HOUSING STANDARDS, HUD 24 CFR 92 251 HOUSING QUALITY STANDARDS (HQS), AND MINIMUM PROPERTY STANDARDS (MPS) TO PROVIDE SAFE, QUALITY AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME FAMILIES TCHP ALSO EMPLOYS COST-EFFECTIVE GREEN BUILDING ALTERNATIVES IN CONSTRUCTION THAT PROVIDE A MAJOR CONSERVATION BENEFIT, SUCH AS, USING RECYCLED BUILDING MATERIALS FOR ROOFING, WALLS, AND POLYMERS IN PAINT, CAULKING AND OTHER SEALANTS UTILIZING ENERGY STAR EFFICIENT PRODUCTS TCHP TAKES PRIDE IN PROVIDING QUALITY, AFFORDABLE HOUSING THAT IS NOT DISCERNABLE FROM MARKET RATE HOUSING ONCE TCHP COMPLETES THE REHABILITATION, THE HOUSE IS RETURNED TO THE MARKET AT AN AFFORDABLE, BELOW MARKET PRICE, WHICH MAY INCLUDE HOMEBUYER ASSISTANCE FOR DOWN PAYMENT AND CLOSING COSTS FOR ELIGIBLE FAMILIES AT OR BELOW 80% OF AREA MEDIAN INCOME THE ACQUISITION/REHABILITATION/RESALE PROGRAM IMPACTS LOCAL REDEVELOPMENT EFFORTS BY PROVIDING THE COMMUNITY WITH STABILIZED PROPERTY VALUES AND DECREASED RENTER-OCCUPIED HOUSING TO PROMOTE THE REVITALIZATION OF DISTRESSED NEIGHBORHOODS ADDITIONALLY, THESE EFFORTS IMPACT THE BROADER COMMUNITY BY DECREASING NEIGHBORHOOD CRIME, GENERATING TAX REVENUE, AND ELIMINATING BLIGHT, WHICH FURTHERS THE SUSTAINABILITY OF OLDER NEIGHBORHOODS AND DETERIORATING URBAN AREAS THE PROGRAM ALSO IMPROVES THE QUALITY OF LIFE FOR LOW-TO MODERATE-INCOME FAMILIES IN AN EFFORT TO ACHIEVE HOMEOWNERSHIP AND DECREASE THE LIKELIHOOD OF POTENTIAL FORECLOSURE AND PROVIDES THE COMMUNITY WITH EDUCATED, EMPOWERED HOMEBUYERS THAT CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE COMMUNITY TO FACILITATE THE SUCCESS OF THE PROGRAM, TCHP IS A RECIPIENT OF MONTHLY DONATIONS FROM TWO LOCAL HOME DEPOT DISTRIBUTION CENTERS THAT PROVIDE MATERIALS, EQUIPMENT, HOME ACCESSORIES AND APPLIANCES, WHICH TCHP UTILIZES IN THE REHABILITATION OF AFFORDABLE HOUSING UNITS THROUGH THIS LOCAL DONATION PROGRAM, TCHP ANTICIPATES RECEIVING APPROXIMATELY \$200,000 ANNUALLY IN TOTAL VALUE OF THE HOME DEPOT DONATIONS THAT WILL PROVIDE ADDITIONAL SAVINGS AND DECREASE EXPENSES FOR THE OVERALL TOTAL DEVELOPMENT COSTS OF THE PROGRAM ADDITIONALLY, TO MEET AND EXCEED THE HUD MATCH REQUIREMENT FOR HOME FUNDING, TCHP CONTINUALLY ENGAGES THE LOCAL COMMUNITY TO PARTICIPATE IN THE SUCCESS OF AFFORDABLE HOUSING REDEVELOPMENT BY SOLICITING DISCOUNTS ON PROFESSIONAL SERVICES, LABOR COSTS, FEE WAIVERS AND PROJECT CONTRIBUTIONS THROUGH TCHPS EFFORTS, LOCAL BUSINESSES WILL DONATE MORE THAN 25% OF THE CURRENT TOTAL HOME GRANT FUNDING, OR A MINIMUM OF \$875,000, TOWARD SUCCESSFUL REVITALIZATION IN THEIR COMMUNITY IN ADDITION TO OTHER FEDERAL AND LOCAL RESOURCES, THE PROGRAM WILL LEVERAGE \$7,048,025 IN NSP FUNDING AWARDED AND ADMINISTERED BY TCHP IN 2009 AS A HUD APPROVED AFFORDABLE HOUSING PROVIDER, TCHP HAS BEEN ABLE TO ACQUIRE/REHABILITATE AND RESALE MORE THAN 150 UNITS OF HOUSING STOCK AND ANTICIPATES DELIVERING 70 UNITS THROUGH 2011

4b (Code) (Expenses \$ 574,775 including grants of \$) (Revenue \$ 580,718)
HOMEBUYER ASSISTANCE SINCE 1998, TCHP HAS BEEN AWARDED HOME AND ADDITIONAL FUNDING TO IMPLEMENT DOWN PAYMENT AND CLOSING COST ASSISTANCE PROGRAMS WITHIN THE CITY LIMITS OF ARLINGTON AND TARRANT COUNTY TO PROVIDE OVER 600 LOW TO MODERATE INCOME FAMILIES WITH FIRST-TIME HOMEBUYER ASSISTANCE THROUGH THESE FEDERAL PROGRAMS, TCHP PROVIDES FINANCIAL ASSISTANCE UP TO \$10,000 TO LOW INCOME FAMILIES OF TARRANT COUNTY WANTING TO PURCHASE A SINGLE FAMILY HOME IF THE FAMILY IS INCOME ELIGIBLE, AT OR BELOW 80% OF AREA MEDIAN INCOME AS DETERMINED BY HUD, THE FIRST-TIME HOMEBUYER ASSISTANCE PROGRAM PROVIDES DOWN PAYMENT AND CLOSING COST FUNDS OR PRINCIPAL REDUCTION, WHICH ENSURES THAT MORTGAGE PAYMENTS WILL NOT EXCEED 35% OF THEIR GROSS MONTHLY INCOME THE SUBSIDY IS PROVIDED IN THE FORM OF A DEFERRED FORGIVABLE LOAN, WHICH IS DUE UPON THE SALE OR TRANSFER OF THE HOME PRIOR TO A PERIOD OF AFFORDABILITY (GENERALLY A 5 YEAR TERM) THE FAMILY IS REQUIRED TO INVEST AT LEAST \$1,000 TOWARD THE PURCHASE AND PARTICIPATE IN HOMEOWNERSHIP COUNSELING AND ALSO COMPLETE CREDIT RESTORATION IF NEEDED IN THE LAST PROGRAM YEAR, 52% OF CLIENTS ASSISTED BY TCHP WERE 60%-80% (LOW TO MODERATE) OF AREA MEDIAN INCOME AND 46% OF CLIENTS WERE 30%-60% (LOW INCOME), AND LESS THAN 2% WERE BELOW 30% (VERY LOW) OF MEDIAN INCOME TCHP PARTNERS WITH TARRANT COUNTY COMMUNITY DEVELOPMENT AND THE CITY OF ARLINGTON TO IMPLEMENT THIS VALUABLE PROGRAM AND ANTICIPATES ASSISTING APPROXIMATELY 100 FAMILIES ANNUALLY

4c (Code) (Expenses \$ 410,615 including grants of \$) (Revenue \$ 414,862)
AFFORDABLE RENTAL TCHP OWNS AND OPERATES 6 SINGLE FAMILY HOMES AND 58 MULTI-UNITS THROUGHOUT TARRANT COUNTY, UNDER THE POPULAR AFFORDABLE RENTAL PROGRAM THESE UNITS ARE LEASED AT AFFORDABLE RATES TO CLIENTS AND FAMILIES WHO QUALIFY AS VERY LOW INCOME AND LOW INCOME AT OR BELOW 50% OF AMI MANY OF THESE CLIENTS ARE SINGLE-PARENTS, STRUGGLING TO FIND A SAFE AND PLEASANT ENVIRONMENT FOR THEIR CHILDREN TCHP TAKES GREAT PRIDE IN MAINTAINING THESE PROPERTIES AT HIGH QUALITY STANDARDS CLIENTS WHO PARTICIPATE IN THE PROGRAM ARE ENCOURAGED TO TAKE ADVANTAGE OF THE BUDGET AND CREDIT COUNSELING SERVICES OFFERED AT TCHP TO MOVE TOWARD AN OPPORTUNITY FOR HOMEOWNERSHIP THE PROGRAM IS IN HIGH DEMAND AND TCHP HOPES TO EXPAND THIS PROGRAM BY ACQUIRING MORE RENTAL PROPERTY IN THE NEAR FUTURE




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

4e Total program service expenses \$ 3,095,780

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b 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? If "Yes," complete Schedule F, Parts I and IV		No
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 U S? If "Yes," complete Schedule F, Parts II and IV		No
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 U S? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

<p>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></p>	<p>21</p>	<p>No</p>
<p>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></p>	<p>22</p>	<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, questions 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></p>	<p>23</p>	<p>No</p>
<p>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-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	
<p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p>	<p>24c</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	
<p>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></p>	<p>25a</p>	<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>	<p>No</p>
<p>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></p>	<p>26</p>	<p>No</p>
<p>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></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>	<p>29</p>	<p>Yes</p>
<p>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> </p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> </p>	<p>31</p>	<p>No</p>
<p>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></p>	<p>32</p>	<p>No</p>
<p>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></p>	<p>33</p>	<p>No</p>
<p>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></p>	<p>34</p>	<p>No</p>
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35</p>	<p>No</p>
<p>a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>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></p>	<p>36</p>	<p>No</p>
<p>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></p>	<p>37</p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-14b regarding Form 1096, W-2G, Form W-3, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 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. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT AUSMAN, 3204 COLLINSWORTH STREET, FORT WORTH, TX 76107, (817) 924-5091.

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BRANDY O'QUINN SECRETARY	5 00	X		X			0	0	0	
(2) CHARLEEN GOLDSTON CHAIR	5 00	X		X			0	0	0	
(3) HENRY BORBOLLA DIRECTOR	3 00	X					0	0	0	
(4) LAURIE TROWELL DIRECTOR	3 00	X					0	0	0	
(5) LIAS CARL YOUNG DIRECTOR	3 00	X					0	0	0	
(6) MARY ELLEN BLAKEMORE DIRECTOR	3 00	X					0	0	0	
(7) MARY CATHERINE HENKE DIRECTOR	3 00	X					0	0	0	
(8) MARY JANE BARNETT DIRECTOR	3 00	X					0	0	0	
(9) PAUL BRADFORD DIRECTOR	3 00	X					0	0	0	
(10) REBECCA MOWELL TREASURER	5 00	X		X			0	0	0	
(11) ZEBEDEE STRONG VICE CHAIR	5 00	X		X			0	0	0	
(12) JEANETTE BRITAIN DIRECTOR	3 00	X					0	0	0	
(13) GLENN WILLIAMS DIRECTOR	3 00	X					0	0	0	
(14) VIRGINIA WINKER DIRECTOR	3 00	X					0	0	0	
(15) DONNA VANNESS PRESIDENT	45 00			X			92,040	0	0	
(16) ROBERT AUSMAN CONTROLLER	40 00			X			60,404	0	0	

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	5,290,103				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	415,800				
	g Noncash contributions included in lines 1a-1f \$	19,000				
	h Total. Add lines 1a-1f	5,705,903				
Program Service Revenue		Business Code				
	2a DEVELOPER FEES	531390	484,212	484,212		
	b RENTAL INCOME ON LOW I	531110	414,862	414,862		
	c PROCESSING FEES	531390	72,848	72,848		
	d MORTGAGE REPAYMENTS	531390	19,772	19,772		
	e REMODELING INCOME	230000	2,013	2,013		
	f All other program service revenue		1,873	1,873		
	g Total. Add lines 2a-2f		995,580			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		3,628		3,628	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a 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						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a		759,000				
	b Less cost of goods sold b	2,964,435				
	c Net income or (loss) from sales of inventory		-2,205,435	2,205,435		
Miscellaneous Revenue		Business Code				
11a MISC INCOME		531390	37,723	37,723		
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d		37,723			
12 Total revenue. See Instructions		4,537,399	-	0	3,628	
			1,172,132			

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	153,344	66,680	76,664	10,000
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	374,055	274,492	99,563	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	55,653	39,812	15,841	
10	Payroll taxes	37,705	27,001	10,704	
a	Fees for services (non-employees) Management				
b	Legal	10,028	8,790	1,238	
c	Accounting	25,500		25,500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	25,913	25,913		
12	Advertising and promotion	6,468	164	6,304	
13	Office expenses	52,881	9,308	43,573	
14	Information technology				
15	Royalties				
16	Occupancy	209,091	203,235	5,856	
17	Travel	15,880	10,814	2,533	2,533
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,735	1,915	820	
20	Interest	36,713	36,713		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	88,538	87,766	772	
23	Insurance	69,543	66,296	3,247	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASE, REHAB & INSPE	2,009,757	2,009,757		
b	LOANS TO HOMEBUYERS	127,948	127,948		
c	CLOSING COSTS/CREDIT RE	90,791	90,791		
d	MISCELLANEOUS	10,248	8,285	1,963	
e	BOOKS AND SUBSCRIPTIONS	5,034	100	4,934	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,407,825	3,095,780	299,512	12,533
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	226,879	1	529,393
	2 Savings and temporary cash investments	4,110	2	
	3 Pledges and grants receivable, net	134,926	3	1,350,138
	4 Accounts receivable, net	704	4	5,330
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	552,038	8	510,549
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,230,714		
	b Less accumulated depreciation	560,691	702,001	10c 2,670,023
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,180	15	112,775
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,623,838	16	5,178,208	
Liabilities	17 Accounts payable and accrued expenses	114,175	17	763,333
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	-19,149	21	-19,208
	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	583,446	23	2,354,945
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	15,982	25	20,180
	26 Total liabilities. Add lines 17 through 25	694,454	26	3,119,250
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	929,384	27	1,846,542
	28 Temporarily restricted net assets		28	212,416
	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	929,384	33	2,058,958	
34 Total liabilities and net assets/fund balances	1,623,838	34	5,178,208	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,537,399
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,407,825
3	Revenue less expenses Subtract line 2 from line 1	3	1,129,574
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,384
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,058,958

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number
75-2399903

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	361,102	557,120	513,198	1,065,528	5,705,903	8,202,851
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	361,102	557,120	513,198	1,065,528	5,705,903	8,202,851
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						8,202,851

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	361,102	557,120	513,198	1,065,528	5,705,903	8,202,851
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	611	8,171	2,655	270	3,628	15,335
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.)	9,639	3,274	2,644	14,613	37,723	67,893
11 Total support (Add lines 7 through 10)						8,286,079
12 Gross receipts from related activities, etc (See instructions.)					12	6,602,046

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99.000%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94.140%

16a 33 1/3% support test—2010. 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 **b 33 1/3% support test—2009.** If the organization did not check the 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 **17a 10%-facts-and-circumstances test—2010.** 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 **b 10%-facts-and-circumstances test—2009.** 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 **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

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
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 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number 75-2399903

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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 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 the 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	

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

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		352,441		352,441
b Buildings		2,841,449	536,975	2,304,474
c Leasehold improvements		3,111		3,111
d Equipment		21,952	11,955	9,997
e Other		11,761	11,761	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,670,023

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,537,399
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,407,825
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,129,574
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,129,574

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	7,602,467
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	100,633
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,964,435
e	Add lines 2a through 2d	2e	3,065,068
3	Subtract line 2e from line 1	3	4,537,399
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	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	4,537,399

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

1	Total expenses and losses per audited financial statements	1	6,472,893
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	100,633
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,964,435
e	Add lines 2a through 2d	2e	3,065,068
3	Subtract line 2e from line 1	3	3,407,825
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	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,407,825

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TCHP FOLLOWS THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION RELATED TO UNCERTAIN TAX POSITIONS TCHP RECOGNIZED NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS MANAGEMENT HAS DETERMINED THAT NO UNCERTAIN TAX POSITIONS EXIST AT DECEMBER 31, 2010 FOR WHICH DISCLOSURE IS NECESSARY TCHP RECOGNIZES INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS IN THE STATEMENT OF OPERATIONS AS INTEREST EXPENSE AND GENERAL AND ADMINISTRATIVE EXPENSE, RESPECTIVELY TCHP IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES FOR YEARS PRIOR TO 2007
		PART XII LINE 2D AND PART XIII LINE 2D COST OF GOODS SOLD (\$2,964,435) NETTED AGAINST REVENUE
		PART IV, LINE 2B TCHP COLLECTS AMOUNTS FROM MORTGAGEES TO BE USED TO REMIT TO PROPERTY TAX AUTHORITIES AND INSURANCE COMPANIES ON BEHALF OF THE MORTGAGE HOLDER HOUSING COUNSELING TCHP IS A HUD APPROVED HOUSING COUNSELING AGENCY WITH 15 YEARS PROGRAM EXPERIENCE TCHP OFFERS HOME BUYER EDUCATION, PRE-PURCHASE COUNSELING, POST-PURCHASE COUNSELING AND EDUCATION, MORTGAGE AND DELINQUENCY COUNSELING, OUTREACH ASSISTANCE, RENTER'S ASSISTANCE, AND HOUSING INFORMATION AND REFERRALS IN ENGLISH AND SPANISH TCHP PROVIDES GENERAL INFORMATION ON SUCH TOPICS AS FAIR HOUSING, TRADITION LENDING REQUIREMENTS, BASIC FAMILY BUDGETING, PRE-/POST-PURCHASE AND FORECLOSURE PREVENTION COUNSELING MANY OF THE CLIENTS ARE INTERESTED IN PURCHASING A HOME, BUT DO NOT KNOW WHERE TO START THE PROCESS OR HOW TO BECOME ELIGIBLE FOR A MORTGAGE TCHP CERTIFIED HOUSING COUNSELORS TAKES THE TIME TO ANSWER ALL THEIR QUESTIONS AND GUIDE THEM THROUGH THE MAZE OF CHALLENGES THEY MAY FACE IN SUCCESSFULLY ACHIEVING AND MAINTAINING THEIR DREAM OF HOMEOWNERSHIP TCHP ALSO PROVIDES GROUP WORKSHOPS TO THE GENERAL PUBLIC ON BASIC HOME REPAIRS, MAINTENANCE, HOMEOWNERS INSURANCE, AND PROPERTY TAX INFORMATION THESE WORKSHOPS ARE COORDINATED BY TCHP AND PRESENTED WITH LOCAL EXPERTS RELATED TO SPECIFIC TOPICS MANY OF THESE INITIAL COUNSELING CLIENTS GO ON TO TAKE ADVANTAGE OF TCHP FINANCIAL ASSISTANCE PROGRAMS TCHP HAS A LONG-STANDING HISTORY AND RECOGNITION IN THE COMMUNITY AS A RESOURCE FOR LOW TO MODERATE INCOME FAMILIES AND THEREBY BENEFITS FROM A CONSISTENT FLOW OF INCOME-ELIGIBLE CLIENTELE ANNUALLY, TCHP RECEIVES OVER 11,000 PHONE INQUIRIES, HOSTS AND/OR PARTICIPATES IN 50-60 COMMUNITY EVENTS AND COUNSELED APPROXIMATELY 900 PRE-PURCHASE CLIENTS FOR HOMEBUYER EDUCATION TCHP MARKETING EFFORTS INCLUDE COMMUNITY OUTREACH AND PROMOTIONAL ASSISTANCE FROM LOCAL HOUSING ASSISTANCE PROGRAMS AND OTHER NON-PROFIT SERVICE PROVIDERS FOR DIRECT CLIENT REFERRALS AS A PUBLIC SERVICE, TCHP LISTS PROGRAM ELIGIBILITY REQUIREMENTS AND HELPFUL INFORMATION FOR THE PROSPECTIVE HOMEBUYER ON WWW.TCHP.NET, AS WELL AS, DISTRIBUTES FLYERS/BROCHURES AT KEY GATHERING LOCATIONS THROUGHOUT THE COUNTY TCHP ALSO HOLDS MONTHLY HOMEBUYER ORIENTATION CLASSES TO INFORM THE GENERAL PUBLIC ABOUT TCHP PROGRAMS AND SERVICES AND AVAILABLE PROPERTIES TCHP IS COMMITTED TO AFFIRMATIVELY FURTHERING FAIR HOUSING (AFFH) FOR ALL PERSONS TCHP GIVES ALL PERSONS OF SIMILAR INCOME LEVELS THE ABILITY TO HAVE AVAILABLE THE SAME HOUSING CHOICES REGARDLESS OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN TCHP WORKS TO PROVIDE PROGRAMS AND SERVICES TO UNDERSERVED HOUSEHOLDS BY TARGETING LOW INCOME CENSUS TRACTS FOR NEW CONSTRUCTION AND HOUSING RELATED ACTIVITIES EXAMPLES OF TCHP'S COORDINATION WITH MINORITY SERVING INSTITUTIONS ARE THE PARTNERSHIPS THAT TCHP HAS WITH THE FOLLOWING AGENCIES FT WORTH HISPANIC CHAMBER OF COMMERCE, FT WORTH METROPOLITAN BLACK CHAMBER OF COMMERCE, TARRANT COUNTY COMMUNITY COLLEGE, NATIONAL ASSOCIATION OF HISPANIC REALTORS AND PROFESSIONALS, NATIONAL ASSOCIATION OF REALTISTS, NATIONAL URBAN LEAGUE, UNITED WAY, GOODWILL CENTER FOR THE DEAF, AND EASTER SEALS PARTNERSHIP WITH THESE AGENCIES HAS PROVIDED TCHP THE OPPORTUNITY TO ASSIST CLIENTS OF ALL DEMOGRAPHICS AND ETHNICITIES, AS WELL AS, UTILIZING RESOURCES WITH AGENCIES CURRENTLY WORKING TO IMPROVE SOCIO-ECONOMIC ISSUES IN THE NEIGHBORHOODS THAT WE ASSIST

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number

75-2399903

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 15 is filled with 'X', '1', '19,000', and 'FMV'.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, and 33 regarding property holding periods, gift acceptance policies, and reporting requirements.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number

75-2399903

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FINANCIAL COMMITTEE REVIEWS THE ANNUAL AUDIT AND THE 990 IRS TAX FORM WITH THE OUTSIDE ACCOUNTING FIRM PRIOR TO SUBMISSION THE 990 IS SUBMITTED ELECTRONICALLY TO THE BOARD PRIOR TO THE FILING OF THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND COMPLIANCE PROCEDURES FOR CONFLICT OF INTEREST POLICY IT IS IN THE BEST INTEREST OF TARRANT COUNTY HOUSING PARTNERSHIP, INC TO BE AWARE OF AND PROPERLY MANAGE ALL CONFLICTS OF INTEREST AND APPEARANCES OF A CONFLICT OF INTEREST THIS CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS, EMPLOYEES AND VOLUNTEERS OF THE TARRANT COUNTY HOUSING PARTNERSHIP, INC IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE TARRANT COUNTY HOUSING PARTNERSHIP, INC WITH A PROCEDURE TO APPROPRIATELY MANAGE CONFLICTS IN ACCORDANCE WITH LEGAL REQUIREMENTS AND THE GOALS OF ACCOUNTABILITY AND TRANSPARENCY IN TARRANT COUNTY HOUSING PARTNERSHIP, INC OPERATIONS MONITORING PROCEDURES TARRANT COUNTY HOUSING PARTNERSHIP HAS ARRANGED FOR THE SUPERVISION AND/OR FUNCTIONAL SEGREGATION OF EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER AND/OR PERFORMANCE OF CARRYING OUT ORGANIZATIONAL ACTIVITIES WHERE THE INTERESTS OF EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER AND TARRANT COUNTY HOUSING PARTNERSHIP'S INTERESTS MAY CONFLICT THESE STEPS ARE DESIGNED TO PREVENT THE SIMULTANEOUS INVOLVEMENT OF A RELEVANT PERSON IN SEPARATE SERVICES OR ACTIVITIES WHERE SUCH INVOLVEMENT MAY IMPAIR THE PROPER MANAGEMENT OF CONFLICTS PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING IF BOARD MEMBERS ARE AWARE THAT STAFF OR OTHER VOLUNTEERS HAVE A CONFLICT OF INTEREST, RELEVANT FACTS SHOULD BE DISCLOSED BY THE BOARD MEMBER OR BY THE INTERESTED PERSON HIM/HERSELF IF INVITED TO THE BOARD MEETING AS A GUEST FOR PURPOSES OF DISCLOSURE A) A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B) A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING C) A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE D) THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF TARRANT COUNTY HOUSING PARTNERSHIP, INC HAS A CONFLICT OF INTEREST WHEN HE OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS E) INTERESTED PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF TARRANT COUNTY HOUSING PARTNERSHIP, INC , OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THEIR SUPERVISOR, OR THE CHAIR, OR THE CHAIR'S DESIGNEE, ANY CONFLICT OF INTEREST THAT SUCH INTERESTED PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE INTERESTED PERSON THE INTERESTED PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT TARRANT COUNTY HOUSING PARTNERSHIP, INC 'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION F) THE EXECUTIVE DIRECTOR WILL MONITOR PROPOSED OR ONGOING TRANSACTIONS OF THE ORGANIZATION (E G , CONTRACTS WITH VENDORS AND COLLABORATIONS WITH THIRD PARTIES) FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE BOARD AND STAFF, AS APPROPRIATE, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO HIS OR HER SUPERVISOR OR THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER FULL BOARD DISCUSSION IS WARRANTED OR WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY CONFIDENTIALITY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL EXERCISE CARE NOT TO DISCLOSE CONFIDENTIAL INFORMATION ACQUIRED IN CONNECTION WITH DISCLOSURES OF CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS, WHICH MIGHT BE ADVERSE TO THE INTERESTS OF TARRANT COUNTY HOUSING PARTNERSHIP, INC FURTHERMORE, DIRECTORS, OFFICERS, EMPLOYEES AND VOLUNTEERS SHALL NOT DISCLOSE OR USE INFORMATION RELATING TO THE BUSINESS OF TARRANT COUNTY HOUSING PARTNERSHIP, INC FOR THEIR PERSONAL PROFIT OR ADVANTAGE OR THE PERSONAL PROFIT OR ADVANTAGE OF THEIR FAMILY MEMBER(S) POLICY REVIEW A) EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL BE PROVIDED WITH AND ASKED TO REVIEW A COPY OF THE POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO B) ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE/SHE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO ANOTHER NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO TARRANT COUNTY HOUSING PARTNERSHIP, INC ANY SUCH INFORMATION REGARDING THE BUSINESS INTERESTS OF A DIRECTOR, OFFICER, EMPLOYEE OR VOLUNTEER, OR A FAMILY MEMBER THEREOF, SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY C) THE POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED TO ALL STAFF AND VOLUNTEERS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>LINE 15A, GENERAL POLICY TARRANT COUNTY HOUSING PARTNERSHIP'S PERSONNEL POLICIES AND PROCEDURES WAS ORIGINALLY APPROVED MARCH 8, 2000 AND AMENDED FEBRUARY 20, 2004 WITH REGARD TO EXECUTIVE DIRECTOR COMPENSATION, IT STATES UNDER SECTION XII - WORKING CONDITIONS, POLICIES AND PROCEDURES, "SALARY CHANGES OF THE EXECUTIVE DIRECTOR AND THE DEPUTY EXECUTIVE DIRECTOR WILL BE SUBJECT TO BOARD APPROVAL AND MUST BE IN WRITING/EMAIL FROM THE BOARD CHAIR BEFORE FINANCIAL CONTROLLER WILL DISTRIBUTE FUNDS " ONLY THE EXECUTIVE COMMITTEE, WHEN IT ACTS AS A BODY THROUGH FORMAL ACTIONS TAKEN AT ITS MEETINGS, HAS THE AUTHORITY TO ESTABLISH PRIORITIES OR DIRECT THAT ACTIVITIES BE CARRIED OUT BY THE EXECUTIVE DIRECTOR THE EXECUTIVE DIRECTOR WILL OUTLINE HER/HIS OBJECTIVES FOR THE YEAR, WHICH WILL BE CONSISTENT WITH AND ADDRESS PRIORITIES AND ACTIVITIES APPROVED BY THE EXECUTIVE COMMITTEE THE EXECUTIVE DIRECTOR WILL COMMIT TO MAKING EVERY REASONABLE EFFORT TO IMPLEMENT THE OBJECTIVES AND ANY OTHER PRIORITIES AND ACTIVITIES THAT ARE APPROVED BY THE EXECUTIVE COMMITTEE IMPLEMENTATION MAY OF COURSE BE AFFECTED BY LIMITATIONS OF BOTH STAFF TIME AND ORGANIZATIONAL RESOURCES IT IS UNDERSTOOD THAT THE EXECUTIVE DIRECTOR MAY REALLOCATE RESOURCES AND REASSIGN STAFF IN ORDER TO ACHIEVE THESE OBJECTIVES AS LONG AS CHANGES ARE CONSISTENT WITH A REASONABLE INTERPRETATION OF PREVIOUS ACTIONS AND EXISTING POLICIES APPROVED BY THE EXECUTIVE COMMITTEE THE BOARD DELEGATES TO THE EXECUTIVE COMMITTEE THE RESPONSIBILITY FOR REVIEWING ACHIEVEMENTS OF THE PAST YEAR AND FOR JUDGING THE EXTENT TO WHICH THE EXECUTIVE DIRECTOR HAS BEEN SUCCESSFUL IN MEETING THE GOALS AND OBJECTIVES BY NECESSITY, THIS IS A SUBJECTIVE PROCESS AND ONE THAT REQUIRES SUPERB COMMUNICATION AMONG ALL PARTIES TO BE EFFECTIVE IT DEPENDS ON A RELATIONSHIP BASED ON MUTUAL CONFIDENCE AND TRUST II PROCEDURES THE STEPS IN THIS CONFIDENTIAL PROCEDURE ARE SUMMARIZED IN THE FOLLOWING STEPS, THE TIMETABLE IS INDICATED FOR EACH 1 THE CHAIR DISTRIBUTES EXECUTIVE DIRECTOR EVALUATIONS TO THE STAFF THE AUTHORS OF THE RESPONSES ARE TO REMAIN ANONYMOUS AND UNDISCLOSED TO THE EXECUTIVE DIRECTOR CONFIDENTIAL MEETINGS WITH STAFF MAY BE CALLED UPON BY THE CHAIR FOR FURTHER EXPLANATION (NOVEMBER) 2 THE EXECUTIVE DIRECTOR SUBMITS COPIES OF HIS/HER SELF-EVALUATION OF THE PRIOR YEAR TO THE EXECUTIVE COMMITTEE (NOVEMBER) 3 THE CHAIR REVIEWS THE WRITTEN EVALUATIONS AND PREPARES A SUMMARY THIS SUMMARY IS GIVEN TO THE EXECUTIVE DIRECTOR IN AND DISCUSSED IN A MEETING WITH THE EXECUTIVE COMMITTEE (DECEMBER) 4 A TENTATIVE DRAFT OF GOALS AND OBJECTIVES FOR THE EXECUTIVE DIRECTOR IS DEVELOPED FOR THE NEXT YEAR (DECEMBER) 5 THE COMMITTEE MEETS BY CONFERENCE CALL, EMAIL COMMUNICATION OR IN EXECUTIVE SESSION TO CONSIDER POSSIBLE INCREASES IN COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR IN THE NEXT YEAR (DECEMBER) 6 THE COMMITTEE'S RECOMMENDATIONS ON COMPENSATION AND BENEFITS ARE REPORTED TO THE BOARD FOR APPROVAL AND/OR RATIFICATION (DECEMBER/JANUARY) 7 THE CHAIR WILL MAINTAIN A CONFIDENTIAL PERSONNEL FILE WHICH SHALL INCLUDE THE FOLLOWING REGARDING THE EMPLOYMENT OF THE EXECUTIVE DIRECTOR -COPY OF CURRENT AND PREVIOUS POSITION DESCRIPTIONS - COPIES OF REVIEWS, INCLUDING EXECUTIVE DIRECTOR'S SELF-EVALUATION AND SUMMARY OF STAFF RESPONSES, AND ANNUAL STATEMENT OF GOALS AND OBJECTIVES FOR THE EXECUTIVE DIRECTOR -ANNUAL BOARD DECISIONS REGARDING SALARY AND BENEFITS -COPIES OF NOTES OF ANY OTHER PERFORMANCE-RELATED DISCUSSIONS, IF APPLICABLE III SPECIFICATIONS THE EXECUTIVE COMMITTEE SHALL MEET NOT LESS THAN ANNUALLY TO REVIEW COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE RESPONSIBLE FOR THE EXECUTIVE DIRECTOR EVALUATION WILL BE COMPRISED OF ALL MEMBERS AND WILL EXCLUDE ANY MEMBERS WITH A CONFLICT OF INTEREST INVOLVED IN COMPENSATION DECISIONS THE EXECUTIVE COMMITTEE SHALL DETERMINE INDEPENDENTLY OF THIS POLICY IN ESTABLISHING COMPARABLE RATES OF PAY AND FRINGE BENEFITS TO ENSURE THAT THE EXECUTIVE DIRECTOR WILL BE COMPENSATED SUFFICIENTLY TO RETAIN HIS/HER CONTINUED SERVICE AND HIGH LEVEL OF PERFORMANCE LINE 15B, GENERAL POLICY JOB PERFORMANCE SHALL BE EVALUATED ANNUALLY ON FORMS AND BY METHODS DEVELOPED BY TARRANT COUNTY HOUSING PARTNERSHIP THE PERIOD FOR ANNUAL EVALUATIONS SHALL BE CALCULATED FROM THE DATE THE EMPLOYEE WAS GRANTED PERMANENT STATUS WITH TARRANT COUNTY HOUSING PARTNERSHIP ALL EMPLOYEES SHALL BE REQUIRED TO SIGN THEIR ANNUAL EVALUATION BUT SIGNATURE ON THE EVALUATION DOES NOT NECESSARILY INDICATE AGREEMENT WITH THE EVALUATION ANY EMPLOYEE WHO DISAGREES WITH HIS OR HER EVALUATION MAY ASK FOR RECONSIDERATION OR APPEAL THE EVALUATION PURSUANT TO PROCEDURES CONTAINED IN TARRANT COUNTY HOUSING PARTNERSHIP'S PERSONNEL POLICIES AND PROCEDURES SECTION X - EMPLOYMENT STATUS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
AUDIT COMMITTEE	FORM 990, PART XI, LINE 2C	THE RESPONSIBILILTY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING THE TAX YEAR