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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)

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

A For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

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. Doing Business As		D Employer identification number 75-2399903
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3204 COLLINSWORTH STREET		E Telephone number 817-924-5091
	City or town, state or country, and ZIP + 4 FORT WORTH, TX 76107		G Gross receipts \$ 4,900,426. 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
	F Name and address of principal officer DONNA VANNESS 3204 COLLINSWORTH ST, FT WORTH, TX 76107		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: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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		
	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	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	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)	2,387,968.	3,097,700.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	584,006.	1,023,633.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	2,480.	2,266.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-29,139.	-8,557.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,945,315.	4,115,042.
	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)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	513,835.	723,390.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,565.	
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	1,339,180.	2,058,655.
Net Assets or Fund Balances	19	Revenue less expenses - Subtract line 18 from line 12	1,853,015.	2,782,045.
	20	Total assets (Part X, line 16)	1,092,300.	1,332,997.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22	Net assets or fund balances - Subtract line 21 from line 20	6,816,631.	8,166,200.
		3,665,373.	3,681,945.	
		3,151,258.	4,484,255.	

Part II Signature Block

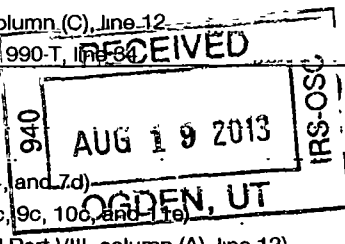
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	<i>Donna Vanness</i>	8/15/13
	Type or print name and title	
	DONNA VANNESS, PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	ALISON WILLIAMS	<i>Alison Williams</i>	8/14/13	<input type="checkbox"/>	P00509585
	Firm's name	Firm's EIN	Phone no.		
	RYLANDER, CLAY & OPITZ, LLP	75-1458509	817-332-2301		
	Firm's address	3200 RIVERFRONT DRIVE, SUITE 200 FORT WORTH, TX 76107			

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

SCANNED SEP 10 2013



15 617

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Form 990 (2011)

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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
AMOUNT 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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 957,381. including grants of \$ _____) (Revenue \$ -9,107.)

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 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 TO

4b (Code _____) (Expenses \$ 408,470. including grants of \$ _____) (Revenue \$ 338,009.)

HOMEBUYER ASSISTANCE: SINCE 1998, TCHP HAS BEEN AWARDED HOME 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

4c (Code _____) (Expenses \$ 908,311. including grants of \$ _____) (Revenue \$ 686,174.)

AFFORDABLE RENTAL: TCHP OWNS AND OPERATES 170 MULTI FAMILY-UNITS
THROUGHOUT TARRANT COUNTY. THESE UNITS ARE LEASED AT AFFORDABLE RATES
PRIMARILY TO CLIENTS AND FAMILIES WHO QUALIFY AS VERY LOW INCOME AND
LOW INCOME AT OR BELOW 60% 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. DUE TO TIGHTENING MORTGAGE QUALIFICATION REQUIREMENTS
AND HIGH INCIDENCES OF FORECLOSURE THE PROGRAM IS IN HIGH DEMAND AND
TCHP IS EXPANDING THIS PROGRAM BY ACQUIRING MORE RENTAL PROPERTIES EACH

4d Other program services (Describe in Schedule O)

(Expenses \$ 92,853. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 2,367,015.

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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
4b	If "Yes," enter the name of the foreign country <input type="checkbox"/> See instructions for 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?		
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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	14		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	14		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			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	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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	
15a		X	
b	Other officers or key employees of the organization	X	
15b		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	
16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		X	

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
DONNA VANNESS - 817-924-5091
3204 COLLINSWORTH STREET, FORT WORTH, TX 76107

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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MARY ELLEN BLAKEMORE DIRECTOR	3.00	X						0.	0.	0.
(5) MARY CATHERINE HENKE DIRECTOR	3.00	X						0.	0.	0.
(6) MARY JANE BARNETT DIRECTOR	3.00	X						0.	0.	0.
(7) PAUL BRADFORD DIRECTOR	3.00	X						0.	0.	0.
(8) REBECCA MOWELL TREASURER	5.00	X		X				0.	0.	0.
(9) ZEBEDEE STRONG VICE CHAIR	5.00	X		X				0.	0.	0.
(10) GLENN WILLIAMS DIRECTOR	3.00	X						0.	0.	0.
(11) JEFF CASSELL DIRECTOR	3.00	X						0.	0.	0.
(12) JEAN CHRISTENBERRY DIRECTOR	3.00	X						0.	0.	0.
(13) CALESTINA KUBICKI DIRECTOR	3.00	X						0.	0.	0.
(14) DONNA VANNESS PRESIDENT	45.00			X				89,815.	0.	0.
(15) ROBERT AUSMAN (PART YEAR) DIRECTOR OF ACCOUNTING	40.00			X				57,761.	0.	3,900.

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Form 990 (2011)

75-2399903 Page 9

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	2960423.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	137,277.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		3097700.			
	Program Service Revenue	2 a RENTAL INCOME ON LOW I	Business Code 531110	685,624.	685,624.	
b DEVELOPER FEES		531390	142,201.	142,201.		
c MORTGAGE REPAYMENTS		531390	115,622.	115,622.		
d PROCESSING FEES		531390	50,504.	50,504.		
e PROPERTY MANAGEMENT FE		531310	29,682.	29,682.		
f All other program service revenue						
g Total. Add lines 2a-2f			1023633.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,266.		2,266.	
	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				
		c Gain or (loss)				
	d Net gain or (loss)					
	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	733600.				
	b Less cost of goods sold	b	785384.			
	c Net income or (loss) from sales of inventory		-51,784.	-51,784.		
Miscellaneous Revenue		Business Code				
11 a MISC. INCOME	531390	43,227.	43,227.			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		43,227.				
12 Total revenue. See instructions.		4115042.	1015076.	0.	2,266.	

TARRANT COUNTY HOUSING

PARTNERSHIP, INC.

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)

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

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,432.	70,289.	35,907.	25,236.
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	467,721.	336,791.	130,930.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	72,584.	48,675.	23,909.	
10 Payroll taxes	51,653.	36,806.	14,847.	
11 Fees for services (non-employees)				
a Management				
b Legal	16,314.	8,707.	7,607.	
c Accounting	33,500.		33,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	81,196.	75,358.	5,838.	
12 Advertising and promotion	11,642.	2,294.	9,348.	
13 Office expenses	71,051.	10,327.	60,724.	
14 Information technology				
15 Royalties				
16 Occupancy	294,287.	280,013.	14,274.	
17 Travel	14,686.	10,028.	2,329.	2,329.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,841.	6,889.	2,952.	
20 Interest	28,555.	18,555.	10,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	248,694.	242,021.	6,673.	
23 Insurance	85,340.	81,692.	3,648.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PURCHASE, REHAB & INSPE	957,381.	957,381.		
b TAXES	100,945.	100,945.		
c LOANS TO HOMEBUYERS	35,660.	35,660.		
d BROKER FEES	23,031.	23,031.		
e All other expenses	46,532.	21,553.	24,979.	
25 Total functional expenses. Add lines 1 through 24e	2,782,045.	2,367,015.	387,465.	27,565.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,063,415.	1	614,314.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	409,580.	3	925,569.
	4	Accounts receivable, net	224,648.	4	21,334.
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	521,391.	8	441,992.
	9	Prepaid expenses and deferred charges	34,867.	9	24,618.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,000,349.		
	b	Less accumulated depreciation	10b 915,438.	10c	6,084,911.
	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	37,914.
	15	Other assets See Part IV, line 11	15,548.	15	15,548.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,816,631.	16	8,166,200.	
Liabilities	17	Accounts payable and accrued expenses	546,708.	17	468,344.
	18	Grants payable		18	
	19	Deferred revenue	1,483.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	-12,098.	21	-14,926.
	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	3,109,050.	23	3,199,166.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	20,230.	25	29,361.
	26	Total liabilities. Add lines 17 through 25	3,665,373.	26	3,681,945.
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	3,151,258.	27	4,484,255.
	28	Temporarily restricted net assets	0.	28	0.
	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	3,151,258.	33	4,484,255.	
34	Total liabilities and net assets/fund balances	6,816,631.	34	8,166,200.	

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Form 990 (2011)

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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	4,115,042.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,782,045.
3	Revenue less expenses Subtract line 2 from line 1	3	1,332,997.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,151,258.
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	4,484,255.

Part XII Financial Statements and Reporting

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

- 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 separate basis, consolidated 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	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 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									

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

Schedule A (Form 990 or 990-EZ) 2011

TARRANT COUNTY HOUSING

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	557,120.	513,198.	1,065,528.	5,705,903.	5,485,668.	13,327,417.
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	557,120.	513,198.	1,065,528.	5,705,903.	5,485,668.	13,327,417.
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)						84,915.
6 Public support. Subtract line 5 from line 4						13,242,502.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	557,120.	513,198.	1,065,528.	5,705,903.	5,485,668.	13,327,417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,171.	2,655.	270.	3,628.	4,746.	19,470.
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.)	3,274.	2,644.	14,613.	37,723.	99,089.	157,343.
11 Total support. Add lines 7 through 10						13,504,230.
12 Gross receipts from related activities, etc. (see instructions)				12	8,164,043.	
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 2011 (line 6, column (f) divided by line 11, column (f))	14	98.06 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.00 %
16a 33 1/3% support test - 2011. 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 checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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

TARRANT COUNTY HOUSING

Part IV **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)

THE INFORMATION REPORTED ON SCHEDULE A COLUMN (E) 2011 IS FOR THE SHORT YEAR PERIOD 01/01/2011 THROUGH 9/30/2011 AND THE FULL FISCAL YEAR 10/1/2011 TO 9/30/2012. PART II SECTION A NUMBER 1 INCLUDES \$2,387,968 FOR PRIOR YEAR AND \$3,079,700; NUMBER 8 INCLUDES \$2,480 FOR PRIOR YEAR AND \$2,266 FOR CURRENT YEAR; NUMBER 10 INCLUDES \$55,862 FOR PRIOR YEAR AND \$43,227 FOR CURRENT YEAR.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

	(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)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a 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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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 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 |
|---------------------------------|--------|
| 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 current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 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 | | |
| (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 Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		456,627.		456,627.
b Buildings		6,486,883.	881,833.	5,605,050.
c Leasehold improvements		3,111.	1,089.	2,022.
d Equipment		41,967.	20,755.	21,212.
e Other		11,761.	11,761.	0.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 6,084,911.

TARRANT COUNTY HOUSING

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS	29,361.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	29,361.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

TARRANT COUNTY HOUSING

PARTNERSHIP, INC.

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	4,115,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,782,045.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,332,997.
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	1,332,997.

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	4,900,426.
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	785,384.
e	Add lines 2a through 2d	2e	785,384.
3	Subtract line 2e from line 1	3	4,115,042.
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 must equal Form 990, Part I, line 12.)	5	4,115,042.

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

1	Total expenses and losses per audited financial statements	1	3,567,429.
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	785,384.
e	Add lines 2a through 2d	2e	785,384.
3	Subtract line 2e from line 1	3	2,782,045.
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 must equal Form 990, Part I, line 18.)	5	2,782,045.

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, LINE 2: 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

SEPTEMBER 30, 2012 FOR WHICH DISCLOSURE IS NECESSARY. TCHP IS NO LONGER

SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR YEARS PRIOR TO

2009.

Part XIV Supplemental Information *(continued)*

PART XII LINE 2D AND PART XIII LINE 2D. COST OF GOODS SOLD (\$785,384)

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.

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

Employer identification number

75-2399903

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DECENT, AFFORDABLE HOUSING AVAILABLE TO LOWER INCOME FAMILIES AND
INDIVIDUALS WITH SPECIAL HOUSING NEEDS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

DURING 2012 TCHP FORMED PARTNERSHIP REALTY SERVICES, LLC ("PRS") TO
PERFORM MANAGEMENT SERVICES FOR RESIDENTIAL RENTAL PROPERTIES, INCLUDING
MULTIFAMILY AND SINGLE FAMILY PROPERTIES OWNED BY TCHP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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. THESE IMPROVEMENTS PROVIDE A BENEFIT TO THE BUYER THROUGH
LOWER UTILITY COSTS. 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 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,

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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 BY PROVIDING 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 \$50,000 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 TCHP'S EFFORTS, LOCAL BUSINESSES WILL DONATE
MORE THAN 25% OF THE CURRENT TOTAL HOME GRANT FUNDING, OR A MINIMUM OF
\$412,500, TOWARD SUCCESSFUL REVITALIZATION IN THEIR COMMUNITY. AS A HUD
APPROVED AFFORDABLE HOUSING PROVIDER, TCHP HAS BEEN ABLE TO
ACQUIRE/REHABILITATE AND RESALE MORE THAN 250 UNITS THROUGHOUT TARRANT
COUNTY IN AN EFFORT TO PRESERVE EXISTING HOUSING STOCK.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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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. TCHP PARTNERS WITH TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS, TARRANT COUNTY COMMUNITY DEVELOPMENT AND THE CITY OF ARLINGTON TO IMPLEMENT THIS VALUABLE PROGRAM AND ANTICIPATES ASSISTING APPROXIMATELY 100 FAMILIES ANNUALLY.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
YEAR.**

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HOUSING COUNSELING: TCHP IS A HUD APPROVED HOUSING COUNSELING AGENCY WITH 15 YEARS PROGRAM EXPERIENCE. TCHP PROVIDES HOUSING COUNSELING AND EDUCATION SERVICES TO TARRANT COUNTY RESIDENTS IN ENGLISH AND SPANISH. PROGRAM ACTIVITIES INCLUDE HOMEBUYER OUTREACH/ORIENTATION SESSIONS, INDIVIDUAL PRE-PURCHASE AND FORECLOSURE PREVENTION COUNSELING, HOMEBUYER TRAINING AND POST-PURCHASE WORKSHOPS. PROGRAM SERVICES ARE PROVIDED BY TCHP HOUSING ADVISORS, WHO PROVIDE STRATEGIES TO EXPAND HOMEOWNERSHIP OPPORTUNITIES. THIS INCLUDES PROVIDING GENERAL COUNSELING ON HOMEOWNERSHIP OPTIONS OR SAVING A HOME FROM FORECLOSURE. THE HOUSING ADVISORS PROGRAM RESPONSIBILITIES INCLUDE CONDUCTING INITIAL INTAKE INTERVIEWS AND CREDIT ASSESSMENTS, GATHERING INFORMATION AND DOCUMENTATION AND PROVIDING ADDITIONAL RESOURCES REFERRALS AND INFORMATION. ADVISORS ALSO ASSIST CLIENTS WITH RESOLVING MORTGAGE DELINQUENCY ISSUES BY SUBMITTING COMPLETED WORKOUT REQUESTS PACKAGES TO SERVICERS, COMMUNICATING WITH MORTGAGE SERVICERS, AND ASSISTING BORROWERS WITH FOLLOW UP ACTIONS. THE PROGRAM INCLUDES A VARIETY OF

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GROUP CLASSES AND WORKSHOPS THAT ARE OFFERED MONTHLY TO THE PUBLIC.
ORIENTATION SESSIONS INFORM THE COMMUNITY OF THE OPPORTUNITIES FOR
HOMEOWNERSHIP AND THE AVAILABILITY OF DOWN PAYMENT ASSISTANCE PROGRAMS.
TCHP'S HOMEBUYER TRAINING WORKSHOPS ARE GIVEN TO EDUCATE POTENTIAL
HOMEBUYERS AND PREPARE THEM FOR HOMEOWNERSHIP. TCHP HOUSING ADVISORS
AND INDUSTRY PROFESSIONALS PROVIDE INFORMATION ON HOW TO SECURE A
MORTGAGE, THE APPRAISAL PROCESS, DOWN PAYMENT ASSISTANCE, INSURANCE
BASICS, SHOPPING FOR A HOME, AND HOMEOWNERSHIP CHALLENGES. WORKSHOP
ATTENDANCE SECURES A CERTIFICATE INDICATING THAT THE CLIENT HAS
COMPLETED A MIN. OF 8 HOURS OF PRE-PURCHASE HOME OWNERSHIP TRAINING
REQUIRED FOR MANY HUD PROGRAMS. TCHP ALSO OFFERS POST-PURCHASE
WORKSHOPS TO PROVIDE SUPPORT TO CURRENT HOMEOWNERS. INCLUDED ARE SUCH
TOPICS SUCH AS ROUTINE MAINTENANCE; SUCCESSFUL LOW COST LANDSCAPING;
DECORATING ON A BUDGET; HOME REPAIRS AND HOME IMPROVEMENTS;
WEATHERIZATION; AND FINANCIAL PLANNING AND BUDGETING IN AN EFFORT TO
EDUCATE HOMEBUYERS ON HOW TO MAINTAIN THEIR INVESTMENT. TCHP OFFERS
IN-DEPTH ONE-ON-ONE PRE-PURCHASE COUNSELING, WHICH INCLUDES MONEY AND
DEBT MANAGEMENT, HOUSEHOLD BUDGETING AND FAIR LENDING TO ASSIST THEM
WITH THEIR HOME PURCHASE. CLIENTS WORK ONE-ON-ONE WITH ADVISORS TO
REVIEW INCOME, DEBT, CREDIT, SAVINGS; DEVELOP AN ACTION PLAN WITH SHORT
AND LONG-TERM GOALS, RESOLVING CREDIT PROBLEMS, AND ESTABLISHING A DEBT
REDUCTION/SAVINGS PLAN. ADDITIONALLY, THE COUNSELING PROGRAM OFFERS
DELINQUENCY AND FORECLOSURE COUNSELING TO IDENTIFY/MITIGATE/RESOLVE THE
DELINQUENCY. OFTEN MUCH MORE INTENSIVE, THESE SESSIONS ASSIST WITH
BUDGETING IN A TIME OF CRISIS, ASSESSING THE VIABILITY OF HARDSHIP,
DEVELOPING A PLAN OF ACTION AND NAVIGATING THE WORKOUT PROCESS. TCHP'S
HOUSING COUNSELING AND EDUCATION PROGRAM DEMONSTRATES IT'S COMMITMENT
TO BRINGING THE AMERICAN DREAM OF HOMEOWNERSHIP TO MORE PEOPLE EVERY

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YEAR. THE EDUCATION PROGRAM IMPACTS CLIENTS BY INCREASING THEIR ABILITY TO PURCHASE, SUSTAIN OR SAVE A HOME, RESOLVE CREDIT ISSUES, INCREASE SAVINGS, AND DECREASE DEBT, WHICH ULTIMATELY INCREASES HOMEOWNERSHIP ESPECIALLY AMONG UNDERSERVED POPULATIONS. TCHP'S PROGRAM REMOVES THE BARRIERS TO HOMEOWNERSHIP FOR MANY FAMILIES CAUGHT IN A CYCLE OF POVERTY THAT HAS PREVENTED PREVIOUS GENERATIONS FROM BECOMING HOMEOWNERS. MANY CLIENTS LACK KNOWLEDGE, WHICH MAY LEAD TO POOR DECISION MAKING AND A FUTURE FORECLOSURE, RESULTING IN A DECREASE IN PROPERTY VALUES AND DETERIORATION OF NEIGHBORHOODS. AN INDIVIDUAL WHO UTILIZES TCHP'S PROGRAM IS MORE ADEPT IN HANDLING HOMEOWNERSHIP, WHICH INCREASES THEIR STABILITY AS A HOMEOWNER. BY NURTURING POSITIVE CLIENT RELATIONSHIPS THROUGH A DEDICATED AND COMPASSIONATE STAFF, TCHP CAN EMPOWER HOMEBUYERS AND PRODUCE SUCCESSFUL, SUSTAINABLE HOMES AND NEIGHBORHOODS THROUGHOUT TARRANT COUNTY.

EXPENSES \$ 92,853. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCIAL COMMITTEE REVIEWS THE FORM 990. THE FORM 990 IS SUBMITTED ELECTRONICALLY TO THE BOARD PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND COMPLIANCE PROCEDURES FOR CONFLICT OF INTEREST POLICY: TCHP'S 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.

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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.

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 OCCURED.

IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES

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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.

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.

FORM 990, PART VI, SECTION B, LINE 15: LINE 15A, GENERAL POLICY:

Name of the organization **TARRANT COUNTY HOUSING
PARTNERSHIP, INC.**

Employer identification number
75-2399903

TCHP HAS AN EXECUTIVE DIRECTOR COMPENSATION POLICY. THE POLICY REQUIRES THE EXECUTIVE COMMITTEE TO MEET AT LEAST ANNUALLY TO REVIEW COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR. THE REVIEW WILL INCLUDE A REVIEW OF THE PRIOR YEAR'S PERFORMANCE AND THE GOALS AND OBJECTIVES ESTABLISHED FOR THE UPCOMING YEAR. THE EXECUTIVE COMMITTEE WILL OBTAIN A SALARY SURVEY OF COMPARABLE POSITIONS IN AREA NONPROFITS TO DETERMINE COMPARABILITY OF COMPENSATION. MEMBERS OF THE EXECUTIVE COMMITTEE MAKE AN INDEPENDENT REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION AND BENEFITS OF THE EXECUTIVE DIRECTOR.

THIS PROCESS IS REQUIRED FOR THE EXECUTIVE DIRECTOR AND THE DEPUTY EXECUTIVE DIRECTOR POSITIONS.

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."

LINE 15B, GENERAL POLICY:

TCHP HAS AN EXECUTIVE DIRECTOR COMPENSATION POLICY. THE POLICY REQUIRES THE EXECUTIVE COMMITTEE TO MEET AT LEAST ANNUALLY TO REVIEW COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR. THE REVIEW WILL INCLUDE A REVIEW OF THE PRIOR YEAR'S PERFORMANCE AND THE GOALS AND OBJECTIVES ESTABLISHED FOR THE UPCOMING YEAR. THE EXECUTIVE COMMITTEE WILL OBTAIN A SALARY SURVEY

Name of the organization TARRANT COUNTY HOUSING PARTNERSHIP, INC.

Employer identification number 75-2399903

OF COMPARABLE POSITIONS IN AREA NONPROFITS TO DETERMINE COMPARABILITY OF COMPENSATION. MEMBERS OF THE EXECUTIVE COMMITTEE MAKE AN INDEPENDENT REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION AND BENEFITS OF THE EXECUTIVE DIRECTOR.

THIS PROCESS IS REQUIRED FOR THE EXECUTIVE DIRECTOR AND THE DEPUTY EXECUTIVE DIRECTOR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19: THESE ITEMS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, PAGE 12, LINE 2C

THE BOARD REVIEW PROCESS AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED DURING THE TAX YEAR.

SCHEDULE R (Form 990)
 Department of the Treasury Internal Revenue Service
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.

Name of the organization: **TARRANT COUNTY HOUSING PARTNERSHIP, INC.**
 Employer identification number: **75-2399903**

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
PARTNERSHIP REALTY SERVICES, LLC - 45-5273533, 3204 COLLINSWORTH STREET, FORT WORTH, TX 76107	REAL ESTATE SALE AND MANAGEMENT	TEXAS	55,597.	8,835.	TARRANT COUNTY HOUSING PARTNERSHIP

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

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

Note. Complete line 1 if any entity 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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Power of Attorney and Declaration of Representative

OMB No 1545-0150

For IRS Use Only

Received by _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Type or print. ▶ See the separate instructions.

Part I Power of Attorney

Caution: A separate Form 2848 should be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address TARRANT COUNTY HOUSING PARTNERSHIP, INC. 3204 COLLINSWORTH STREET FORT WORTH, TX 76107	Taxpayer identification number(s) 75-2399903
	Daytime telephone number 817-924-5091
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address ALISON WILLIAMS 3200 RIVERFRONT DRIVE, STE 200 FORT WORTH, TX 76107-6585	CAF No. 7806-22134R PTIN P00509585 Telephone No. (817) 332-2301 Fax No. (817) 338-4608
Check if to be sent notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address LESLIE CRITES 3200 RIVERFRONT DRIVE, STE 200 FORT WORTH, TX 76107-6561	CAF No. 0309-59424R PTIN P01409399 Telephone No. (817) 332-2301 Fax No. (817) 338-4608
Check if to be sent notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address 	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service for the following matters:

3 Matters

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, etc.) (see instructions for line 3)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions for line 3)
E-FILE ISSUES	990	2011

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Uses Not Recorded on CAF**

5 Acts authorized. Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

Disclosure to third parties; Substitute or add representative(s); Signing a return;

Other acts authorized: _____ (see instructions for more information)

Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. An enrolled actuary may only represent taxpayers to the extent provided in section 10.3(d) of Treasury Department Circular No. 230 (Circular 230). An enrolled retirement plan agent may only represent taxpayers to the extent provided in section 10.3(e) of Circular 230. A registered tax return preparer may only represent taxpayers to the extent provided in section 10.3(f) of Circular 230. See the line 5 instructions for restrictions on tax matters partners. In most cases, the student practitioner's (level k) authority is limited (for example, they may only practice under the supervision of another practitioner).

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

TARRANT COUNTY HOUSING
PARTNERSHIP, INC.

75-2399903

Form 2848 (9-12)

6 Revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier powers of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED TO THE TAXPAYER.

Donna Van Ness Signature 8/15/13 Date President Title (if applicable)
 Donna Van Ness Print Name PIN Number TARRANT COUNTY HOUSING PARTNERSHIP, INC. Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent - enrolled as an agent under the requirements of Circular 230.
 - d Officer - a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee - a full-time employee of the taxpayer.
 - f Family Member - a member of the taxpayer's immediate family (for example, spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary - enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer - Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - i Registered Tax Return Preparer - registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled return preparers in the instructions.
 - k Student Attorney or CPA - receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN LINE 2 ABOVE. See the instructions for Part II.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column. See the instructions for Part II for more information.

Designation - Insert above letter (a-r)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable). See instructions for Part II for more information.	Signature	Date
B	TX	48567	<i>Alison David Williams</i>	8/15/13
B	TX	70054	<i>Debra Cutler</i>	8/15/13