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Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2013**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.
 ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization**BAYO COUNTRY HOUSING TRUST FUND INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

1111 S. SAM HOUSTON PKWY EAST

Room/suite

—

City or town, state or province, country, and ZIP or foreign postal code

HOUSTON, TEXAS 77089-3993**D Employer identification number****33-1043692****E Telephone number****281-484-4663****F Group Exemption****Number ► N/A****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► **N/A****H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527****K Form of organization Corporation Trust Association Other****L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets****(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**Check if the organization used Schedule O to respond to any question in this Part I

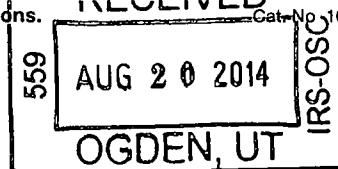
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 —
	2 Program service revenue including government fees and contracts	2 —
	3 Membership dues and assessments	3 —
	4 Investment income	4 —
	5a Gross amount from sale of assets other than inventory	5a —
	b Less: cost or other basis and sales expenses	5b —
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c —
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a —
Expenses	b Gross income from fundraising events (not including \$ — of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b —
	c Less: direct expenses from gaming and fundraising events	6c —
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d —
	7a Gross sales of inventory, less returns and allowances	7a —
	b Less: cost of goods sold	7b —
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c —
	8 Other revenue (describe in Schedule O) ✓ (Schedule O ATTACHED)	8 6,678
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 6,678
	10 Grants and similar amounts paid (list in Schedule O) ✓ (ATTACHED)	10 31,105
Net Assets	11 Benefits paid to or for members	11 —
	12 Salaries, other compensation, and employee benefits	12 —
	13 Professional fees and other payments to independent contractors	13 70,000
	14 Occupancy, rent, utilities, and maintenance	14 —
	15 Printing, publications, postage, and shipping	15 —
	16 Other expenses (describe in Schedule O) ✓ (ATTACHED)	16 2,056
	17 Total expenses. Add lines 10 through 16	17 103,161
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (96,483)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 93,056
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 —
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 (3,421)

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat. No. 10642I

Form 990-EZ (2013)

9
a

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule Q to respond to any question in this Part II.

Check if the organization used Schedule O to respond to any question in this section			(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77,595	22	60,185
23	Land and buildings	298,140	23	298,140
24	Other assets (describe in Schedule O)	—	24	—
25	Total assets	375,735	25	358,335
26	Total liabilities (describe in Schedule O)	✓ (Attached)	26	361,762
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	93,056	27	(3,427)

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28	Homebuyer DPA Grants, Homeowner Rehab Repairs, GRANTS TO LOCAL GOVERNMENTS. (See Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 31,105
29		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a —
30		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a —
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a —
32	Total program service expenses (add lines 28a through 31a)	32 31,105

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>See Schedule D Attached</u>				

Bayou Country Housing Trust Fund, Inc.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

35b *N/A* — 35b —

35c 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a — 0 —

37b 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

38b 38b —

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9 39a —

39b Gross receipts, included on line 9, for public use of club facilities 39b —

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► — 0 —; section 4912 ► — 0 —; section 4955 ► — 0 — 40a X

40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 — 0 — 40c —

40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization — 0 — 40d —

40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X

41 List the states with which a copy of this return is filed ► N/A

42a The organization's books are in care of ► Tim Cowart Telephone no. ► 281-984-4663
Located at ► 1111 S. Sam Houston Pkwy E., Houston, TX ZIP + 4 ► 77089-3993

42b 42b X

42c 42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A ► 43 —

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

44c Did the organization receive any payments for indoor tanning services during the year? 44c X

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d —

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----	--------------------------	-------------------------------------

X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

N/A

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----	--------------------------	-------------------------------------

X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
----	--------------------------	-------------------------------------

X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
-----	--------------------------	-------------------------------------

X

b If "Yes," was the related organization a section 527 organization?

N/A

49b	<input type="checkbox"/>	<input type="checkbox"/>
-----	--------------------------	--------------------------

—

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ► —0—

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► —0—

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (ATTACHED) ► Yes No

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

Sign Here	Signature of officer	Date
	James D. Conwart Jr. / Treasurer	August 15, 2014
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	N/A		Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Bayou Country Housing Trust Fund Inc.

Employer identification number

33-1043692

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—Non-functionally integrated
 - 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C) <i>N/A</i>									
(D)									
(E)									
Total									

Bayou Country Housing Trust Fund, Inc.

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	—	—	—	—	—	— 0 —
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	—	—	—	—	—	— 0 —
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,200	9,734	9,734	9,734	9,734	40,136
4 Total. Add lines 1 through 3	1,200	9,734	9,734	9,734	9,734	40,136
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						—
6 Public support. Subtract line 5 from line 4						40,136

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,200	9,734	9,734	9,734	9,734	40,136
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	181	164	146	54	18	563
9 Net income from unrelated business activities, whether or not the business is regularly carried on	—	—	—	—	—	— 0 —
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	—	—	—	—	—	— 0 —
11 Total support. Add lines 7 through 10						40,699
12 Gross receipts from related activities, etc. (see instructions)					12	—
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						N/A ► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	78.6	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	90.6	%
16a 33 1/3% support test—2013. 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"/> ► <input type="checkbox"/>			
b 33 1/3% support test—2012. 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—2013. 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—2012. 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"/>

Bayou Country Housing Trust Fund, Inc.

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) ►**

- 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.)

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

N/A

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

- 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** ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

N/A

Section C. Computation of Public Support Percentage

- 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2012 Schedule A, Part III, line 15

N/A	15	%
N/A	16	%

Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2012 Schedule A, Part III, line 17
- 19a **33 1/3% support tests—2013.** 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—2012.** 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 ►

Bayou Country Housing Trust Fund, Inc.

Part IV **Supplemental Information.** 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).

None

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

**Open to Public
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Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

BAYO COUNTRY HousiNG TRUST Fund, Inc.

Employer identification number

33-1093692

FORM 990-EZ, PART I

Line 8 - OTHER REVENUE

Ground Lease Revenue - Land in Santa Fe, TX (Annual amortization of prepaid ground lease, plus paid rent)	\$6,660
Interest - Bank Savings Account	\$18
Total	\$6,678

Line 10 - EXPENSES - Grants

Downpayment Assistance Grants paid to Homebuyers	\$5,000
Home Rehab / Repairs Assistance provided to Homeowners	\$7,640
Grants paid to Local Governments for benefit to citizens	\$18,465
Total	\$31,105

Line 16 - EXPENSES - Other

Insurance Expense	\$1,170
Mileage Expense	\$859
General Administration Expense	\$27
Total	\$2,056

FORM 990-EZ, PART II

Line 26 - TOTAL LIABILITIES

	Beginning of Year	End of Year
Accounts Payable - Southeast Texas HFC	\$550	\$1,258
Note Payable - Southeast Texas HFC	0	85,000
Deferred Revenue / Ground Lease - Unamortized	282,129	275,504
Total	\$282,679	\$361,762

FORM 990-EZ, PART III

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE CORPORATION WAS FORMED FOR THE PURPOSE OF PROMOTING CHARITABLE PURPOSES AND ACTIVITIES, INCLUDING, BUT NOT LIMITED TO, THE DEVELOPMENT AND IMPLEMENTATION OF AFFORDABLE HOUSING PROGRAMS AND RELATED SERVICES, DOWN PAYMENT AND CLOSING COST ASSISTANCE TO LOW-INCOME HOMEBUYERS, OWNER-OCCUPIED HOUSING REHABILITATION, OWNERSHIP AND/OR MANAGEMENT OF AFFORDABLE HOUSING, THE CONSTRUCTION OF AND/OR ACQUISITION OF MULTIFAMILY AND SINGLE FAMILY HOUSING, THE CREATION OF SENIOR HOUSING PROGRAMS AND SERVICES, AND THE DEVELOPMENT AND ADMINISTRATION OF PROGRAMS TO ASSIST GOVERNMENTAL UNITS AND CITIZENS THAT SERVE TO LESSEN THE BURDEN OF GOVERNMENT.

Line 28 - HOMEBUYER ASSISTANCE - DPA GRANTS

THE CORPORATION'S EXEMPT PURPOSE OF PROVIDING AFFORDABLE HOUSING WAS FULFILLED AND ACHIEVED BY PROVISION OF NON-REPAYABLE GRANTS TO QUALIFIED HOMEBUYERS FOR DOWNPAYMENT AND CLOSING COSTS TOWARD ACQUISITION OF AFFORDABLE SINGLE-FAMILY HOMES. ADDITIONALLY, THE CORPORATION PROVIDED HOME REHAB REPAIRS TO A DISABLED HOMEOWNER AND FUNDING TO A LOCAL GOVERNMENT FOR ASSISTANCE TO INDIGENT CITIZENS FOR SEWER REPAIRS TO HOMES.

DPA 8/23/13 - Hinojosa, 2508 Pomona, Pasadena, TX	\$5,000
Rehab Repairs - Mack Residence - 432 Avenue C, Van Vleck, TX	\$7,640
Austin County, 8/1/13 - Sewer Repairs for indigent homeowners	\$18,465
Total	\$31,105

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection****Bayou Country Housing Trust Fund, Inc.**Employer identification number
33-1043692

FORM 990-EZ, PART IV

Page 2SECTION A - LIST OF OFFICERS, DIRECTORS, TRUSTEES

<u>NAME AND TITLE</u>	<u>AVG HRS PER WEEK</u>	<u>BENEFIT PLANS</u>		
		<u>REPORTABLE COMPENSATION</u>	<u>AND DEFERRED COMPENSATION</u>	<u>OTHER COMPENSATION</u>
(A)	(B)	(C)	(D)	(E)
I.O. COLEMAN JR - VICE PRES	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
WINNIE CORSARO - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
TROY COTHRAN - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
ANDREA GREER - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
RICK FERGUSON - PRESIDENT	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
KEN UNFRID - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
JOHN TOWNER - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
RUSTY VIDRINE - DIRECTOR	1 HR PER MONTH	DIRECTOR	\$ 0	\$ 0
			<u>TOTAL</u>	<u>\$ 0</u>

LIST OF KEY EMPLOYEES

<u>NAME AND TITLE</u>	<u>AVG HRS PER WEEK</u>	<u>BENEFIT PLANS</u>		
		<u>REPORTABLE COMPENSATION</u>	<u>AND DEFERRED COMPENSATION</u>	<u>OTHER COMPENSATION</u>
(A)	(B)	(C)	(D)	(E)
RON WILLIAMS - SECRETARY	1.5 HR PER WEEK	KEY EMPLOYEE	\$ 0	\$ 0
JIM COWART - TREASURER	1.5 HR PER WEEK	KEY EMPLOYEE	\$ 0	\$ 0