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

Return of Organization Exempt From Income Tax

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

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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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 TG 110 INC		D Employer identification number 74-2699492
	Doing Business As LEXINGTON MANOR APARTMENTS		E Telephone number (210) 821-4300
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8610 NORTH NEW BRAUNFELS Suite 500		
	City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 782176397		G Gross receipts \$ 4,850,536
F Name and address of principal officer GILBERT M PIETTE 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: N/A		H(c) Group exemption number	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1994	M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities AS A CHARITY, PROVIDES LOW-INCOME HOUSING AND RESIDENT SOCIAL AND EDUCATIONAL SERVICES		
	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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	9
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,238	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,238	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	626,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,088,688	2,998,976
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919	657
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,090	146,616
		3,238,697	3,772,249
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	601,937	593,056
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>14,306</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,803,255	2,767,173
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,405,192	3,360,229	
19 Revenue less expenses Subtract line 18 from line 12	-166,495	412,020	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,351,564	12,234,354
	21 Total liabilities (Part X, line 26)	4,180,558	3,651,328
22 Net assets or fund balances Subtract line 21 from line 20	8,171,006	8,583,026	

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	2015-05-12 Date			
	GILBERT M PIETTE EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name N Ari Berlin	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00665358
	Firm's name BDO USA LLP			Firm's EIN	
	Firm's address 9901 IH-10 Suite 500 San Antonio, TX 78230			Phone no (210) 821-4300	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 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 \$ 3,345,923 including grants of \$) (Revenue \$ 3,146,830)
SEE SCHEDULE O

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

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

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

4e Total program service expenses 3,345,923

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> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or 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>	22		No
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>	23	Yes	
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 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 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: WEDGE MANAGEMENT INC AGENT 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 (210) 821-4300

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

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

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

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

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

• List all of the organization's **current** key employees, if any See 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, or 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 (list any hours for related organizations below dotted line)	(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) LAMONT TAYLOR PRESIDENT	1 1 1	X		X				0	0	
(2) KRISTEN LEBAUME PHELPS VICE PRES - ENDED IN TAX YEAR	1 1	X		X				0	0	
(3) JOHN VALLS SECRETARY	1 1	X		X				0	0	
(4) ARTURO SILVA TREASURER	1 0 0	X		X				0	0	
(5) ANITA AGUILAR ASST SECRETARY	1 0 0	X		X				0	0	
(6) CHRISTINA CISNEROS-GUZMAN DIRECTOR	1 0 0	X						0	0	
(7) ANGELIQUE GUAJARDO DIRECTOR	1 0 0	X						0	0	
(8) SAMANTHA BLUM-STARK ALTERNATE DIRECTOR	1 1	X						0	0	
(9) CARL FORINASH DIRECTOR - ENDED IN TAX YEAR	1 1 0	X						0	0	
(10) GILBERT M PIETTE EXECUTIVE DIRECTOR - SEE SCH O	1 39 9			X				0	186,919	1,284
(11) M STEVEN HENDERSON MGMT AGENT CFO - SEE SCH O	1 39 9			X				0	162,446	5,754

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	599,000				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	27,000				
	g	Noncash contributions included in lines 1a-1f \$	599,000				
	h	Total. Add lines 1a-1f	626,000				
Program Service Revenue			Business Code				
	2a	TENANT ASSISTANCE PAYMENTS	531110	1,697,984	1,697,984		
	b	TENANT RENTAL INCOME	531110	1,288,492	1,288,492		
	c	CONTRACT SERVICES	531110	12,500	12,500		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,998,976			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		657		657	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	b	(i) Real		(ii) Personal		
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	b	(i) Securities		(ii) Other		
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b	Less direct expenses b						
c	Net income or (loss) from fundraising events		0				
9a	Gross income from gaming activities See Part IV, line 19	a	1,077,049				
b	Less direct expenses b		1,078,287				
c	Net income or (loss) from gaming activities		-1,238		-1,238		
10a	b						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a	TENANT CHARGES	531110	105,348	105,348			
b	LAUNDRY & VENDING REVENUE	531110	33,149	33,149			
c	MISCELLANEOUS INCOME	533110	9,357	9,357			
d	All other revenue						
e	Total. Add lines 11a-11d		147,854				
12	Total revenue. See Instructions		3,772,249	3,146,830	-1,238	657	

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)

Check if Schedule O contains a response or note to any line 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	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	11,067			11,067
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	459,865	457,880	0	1,985
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	81,810	81,556		254
10	Payroll taxes	40,314	39,314		1,000
11	Fees for services (non-employees)				
a	Management	259,026	259,026		
b	Legal	14,460	14,460		
c	Accounting	46,882	46,882		
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	113,846	113,846		
12	Advertising and promotion	5,859	5,859		
13	Office expenses	62,155	62,155		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,221,729	1,221,729		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,337	7,337		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	474,570	474,570		
23	Insurance	3,795	3,795		
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	contracts-maintenance	270,074	270,074		
b	BAD DEBT EXPENSE	76,384	76,384		
c	SUPPLIES-MAINTENANCE	74,533	74,533		
d	SECURITY COSTS	45,657	45,657		
e	All other expenses	90,866	90,866		
25	Total functional expenses. Add lines 1 through 24e	3,360,229	3,345,923	0	14,306
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	301,209	1	187,498
	2 Savings and temporary cash investments	884,722	2	630,020
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	51,411	4	69,730
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other 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) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	374,446	9	351,548
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,773,326		
	b Less accumulated depreciation	10b 4,772,146	10,157,338	10c 10,001,180
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	1,000	13	480,691
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	581,438	15	513,687
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,351,564	16	12,234,354	
Liabilities	17 Accounts payable and accrued expenses	606,230	17	756,961
	18 Grants payable	0	18	0
	19 Deferred revenue	12,284	19	3,975
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	78,408	21	75,168
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	3,223,636	23	2,555,224
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	260,000	25	260,000
	26 Total liabilities. Add lines 17 through 25	4,180,558	26	3,651,328
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,171,006	27	8,583,026
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), 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	8,171,006	33	8,583,026	
34 Total liabilities and net assets/fund balances	12,351,564	34	12,234,354	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,772,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,360,229
3	Revenue less expenses Subtract line 2 from line 1	3	412,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,171,006
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,583,026

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TG 110 INC

Employer identification number
74-2699492

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?

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

(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)

(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	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
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 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"/>		

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) 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	0	0	0	626,000	626,000
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	2,992,349	3,079,296	3,180,415	3,233,322	3,146,830	15,632,212
3 Gross receipts from activities that are not an unrelated trade or business under section 513					337,879	337,879
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	2,992,349	3,079,296	3,180,415	3,233,322	4,110,709	16,596,091
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						16,596,091

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2,992,349	3,079,296	3,180,415	3,233,322	4,110,709	16,596,091
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,110	2,515	1,670	919	657	6,871
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,110	2,515	1,670	919	657	6,871
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	30,841	844		4,456		36,141
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,024,300	3,082,655	3,182,085	3,238,697	4,111,366	16,639,103
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.742 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.600 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.041 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.080 %

- 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.

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).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization TG 110 INC

Employer identification number 74-2699492

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

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)
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

Table with 2 columns: Held at the End of the Year. Rows include 2a Total acreage restricted by conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 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?
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)?
9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items
1b 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
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

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 XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 XIII. Check here if the explanation has been provided in Part XIII

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		1,008,677		1,008,677
b Buildings		11,653,712	3,893,288	7,760,424
c Leasehold improvements				
d Equipment		561,171	305,737	255,434
e Other		1,549,766	573,121	976,645
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,001,180

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	TENANT SECURITY DEPOSITS HELD BY THE ORGANIZATION UNTIL THE TENANTS MOVE OUT
SCHEDULE D, PART X, LINE 2	EXPLANATION FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 The Corporation is organized as a Texas nonprofit organization The Corporation intends to operate as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has obtained a letter from the Internal Revenue Service that provides tax-exempt status Thus, no income tax provision has been made in the accompanying consolidated financial statements The Corporation recognizes a tax position in the financial statements when it is more-likely-than-not the positions will not be sustained upon examination by the tax authorities Penalties and interest associated with any uncertain tax positions are recorded in the period assessed as a corporate or mortgagor expense As of June 30, 2014, the Corporation had no uncertain tax positions At June 30, 2014, the Corporation is no longer subject to income tax examinations by tax authorities for the years prior to June 30, 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

Department of the Treasury Internal Revenue Service

Name of the organization TG 110 INC

Employer identification number

74-2699492

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue	337,879	739,170	
Direct Expenses	2 Cash prizes	305,452	548,779		854,231
	3 Non-cash prizes				
	4 Rent/facility costs		66,960		66,960
	5 Other direct expenses	32,427	124,669		157,096
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,078,287	
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-1,238	

9 Enter the state(s) in which the organization operates gaming activities TX

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? **Yes** **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ WEDGE MANAGEMENT INC AS AGENT

Address ▶ 8610 N NEW BRAUNFELS 500
SAN ANTONIO, TX 782176397

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ JUSTIN AGUILAR

Gaming manager compensation ▶ \$ 6,409

Description of services provided ▶ OVERALL DIRECT SUPERVISION AND MANAGEMENT

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 27,000

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART IV PART III, LINE 17B	THE STATE OF TEXAS IN THE TEXAS BINGO ENABLING ACT REQUIRES THAT BEFORE THE END OF A QUARTER, A LICENSED AUTHORIZED ORGANIZATION SHALL DISBURSE ALL OF THE ORGANIZATION NET PROCEEDS FROM THE PRECEDING QUARTER, OTHER THAN AMOUNTS THAT ARE ALLOWED TO BE RETAINED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

Open to Public Inspection

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TG 110 INC

Employer identification number

74-2699492

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GILBERT M PIETTE EXECUTIVE DIRECTOR - SEE SCHEDULE	(i)	0	0	0	0	0	0	0
	(ii)	151,395	24,650	10,874	0	1,284	188,203	0
(2) M STEVEN HENDERSON MGMT AGENT CFO - SEE SCHEDULE	(i)	0	0	0	0	0	0	0
	(ii)	139,776	22,670	0	0	5,754	168,200	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES LISTED IN PART I, LINE 1A NOT APPLICABLE SINCE PART I, LINE 1A IS NOT APPLICABLE
SCHEDULE J, PART I, LINE 2	SUBSTANTIATION REQUIRED PRIOR TO PAYMENT OR REIMBURSEMENT OF EXPENSES LISTED IN PART I, LINE 1A NOT APPLICABLE SINCE PART I, LINE 1A IS NOT APPLICABLE FURTHERMORE, EXCEPT FOR THE EXECUTIVE DIRECTOR, THE ORGANIZATION DOES NOT PAY OR REIMBURSE THE EXPENSES OF ANY OTHER PERSON THAT IS LISTED OR WOULD BE LISTED ON FORM 990, PART VII, SECTION A, LINE 1A
SCHEDULE J, PART I, LINE 3	ESTABLISHMENT OF COMPENSATION HOUSING AND COMMUNITY SERVICES, INC (HCS), IS A RELATED 501(C)(3) TAX EXEMPT ORGANIZATION THAT PROVIDES OVERSIGHT SERVICES AND RESIDENT SERVICES COORDINATION TO THE ORGANIZATION HCS MAINTAINS CONTROL OF THE ORGANIZATION BY ITS POWER TO APPOINT THE MAJORITY OF THE MEMBERS OF THE BOARD THE EXECUTIVE DIRECTOR (ED) OF HCS, GILBERT M PIETTE, ALSO SERVES AS THE COMPENSATED ED OF THE ORGANIZATION THE HCS BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY TO REVIEW COMPENSATION FOR THE ED WEDGE MANAGEMENT, INC (WMI) AND NHMC-NATIONAL HOUSING MANAGEMENT COMPANY (NHMC) ARE RELATED TAXABLE CORPORATIONS THAT PROVIDE PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION FOR ITS LOW INCOME HOUSING PROPERTIES THE ED OF THE ORGANIZATION IS ALSO THE CEO OF WMI AND THE PRESIDENT OF NHMC TOGETHER HCS, WMI, NHMC, THE ORGANIZATION, AND ONE OTHER HCS AFFILIATE PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED M STEVEN HENDERSON IS THE CHIEF FINANCIAL OFFICER (CFO) FOR THE ORGANIZATION AND IS ALSO THE CFO FOR HCS, WMI, AND NHMC TOGETHER HCS AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE CFO THE ED WITH OVERSIGHT FROM THE HCS COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION FOR THE CFO NONE OF THE CFO COMPENSATION IS PAID BY THE ORGANIZATION THE ORGANIZATION HAS ELECTED TO USE OPTION 1 (FORM W-2 METHOD) TO REPORT THE C&B OF THE ED AND CFO

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization TG 110 INC

Employer identification number 74-2699492

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 is filled with X, 1, 599,000, and LOAN TERMS.

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

Table with 2 columns: Yes, No. Row 29 has values 29, No.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Table with 2 columns: Yes, No. Row 30a has values No, No.

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 2 columns: Yes, No. Row 31 has values No, No.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Table with 2 columns: Yes, No. Row 32a has values No, No.

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, LINE 25	DURING 1998, THE CORPORATION WAS AWARDED FUNDING IN THE FORM OF A LOAN UNDER THE FEDERAL HOME LOAN BANK (FHLB) AFFORDABLE HOUSING PROGRAM (AHP) IN THE AMOUNT OF \$599,000 TO BE USED FOR THE REHABILITATION OF LEXINGTON MANOR APARTMENTS' HVAC SYSTEM AS A CONDITION TO THE RECEIPT OF THE LOAN, THE CORPORATION AGREED THAT LEXINGTON MANOR APARTMENTS WILL BE USED AS A LOW-INCOME HOUSING PROJECT FOR A TERM OF AT LEAST 15 YEARS FROM THE DATE FUNDING WAS RECEIVED THE CORPORATION WAS ALSO SUBJECT TO CERTAIN COMPLIANCE OBLIGATIONS WITH RESPECT TO THE LOW-INCOME HOUSING REQUIREMENT, WHICH EXPIRED DURING 2014 SINCE NO EVENT OF DEFAULT HAS OCCURRED, THE LOAN WAS FORGIVEN DURING 2014 IN ITS ENTIRETY UNDER THE TERMS OF THE LOAN AS OF JUNE 30, 2014, THE CORPORATION HAS RECORDED \$599,000 AS LOAN FORGIVENESS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

Name of the organization
TG 110 INC

Employer identification number

74-2699492

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>ORGANIZATION MISSION THE ORGANIZATION WAS INCORPORATED AS A NONPROFIT CORPORATION IN THE STATE OF TEXAS ON OCTOBER 26, 1994 THE MISSION OF THE ORGANIZATION IS TO PRESERVE ASSISTED HOUSING FOR FAMILIES IN NEED, DEVELOP A STRONG COMMUNITY AND PROMOTE SELF-SUFFICIENCY FOR ALL RESIDENTS THE PRIMARY ACTIVITY OF THE ORGANIZATION IS TO PROVIDE OVERSIGHT AND GUIDANCE FOR THE OWNERSHIP AND OPERATION OF FOUR LOW-INCOME MULTIFAMILY HOUSING PROJECTS THAT TOTAL 401 UNITS OF THE 401 UNITS, 101 UNITS ARE AVAILABLE FOR THE BENEFIT OF LOW-INCOME RESIDENTS AND THEIR FAMILIES MAKING LESS THAN 80% OF THE AREA MEDIAN INCOME (AMI) WHILE THE REMAINING 300 UNITS ARE AVAILALBLE FOR RESIDENTS MAKING LESS THAN 30% OF AMI FOR WHICH THE ORGANIZATION MAINTAINS FOUR U S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT (HAP) RENTAL ASSISTANCE CONTRACTS THE FOUR AFFORDABLE HOUSING PROJECTS ARE OPERATED AS SEPARATE SECTION 8 PROGRAMS FOR ONE PROGRAM, THE ORGANIZATION DIRECTLY OWNS AND OPERATES LEXINGTON MANOR APARTMENTS FOR THE OTHER THREE PROGRAMS, THE ORGANIZATION IS THE SOLE MEMBER FOR EACH OF THE THREE LIMITED LIABILITY COMPANIES (LLCS) HCS 309, LLC, HCS 310, LLC, AND HCS 311, LLC THAT OWN RESPECTIVELY GLENOAK APARTMENTS, SAMUEL PLACE APARTMENTS, AND NORTH SIDE MANOR APARTMENTS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>EXEMPT PURPOSE ACHIEVEMENTS THE FOLLOWING TAX EXEMPTIONS CONTINUED TO BE RECEIVED INTERNAL REVENUE SERVICE 501(C)(3) INCOME TAX EXEMPTION NUECES COUNTY, TEXAS, APPRAISAL DISTRICT 100% PROPERTY TAX EXEMPTION STATE OF TEXAS FRANCHISE TAX EXEMPTION STATE OF TEXAS SALES TAX EXEMPTION LEXINGTON MANOR APARTMENTS THE ORGANIZATION CONTINUED TO DIRECTLY OWN AND OPERATE THE LEXINGTON MANOR APARTMENTS, A 153-UNIT APARTMENT COMPLEX LOCATED AT 2136-B RAY ELLISON, CORPUS CHRISTI, TEXAS 78415 FOR THE BENEFIT OF LOW-INCOME FAMILIES AND INDIVIDUALS MAKING LESS THAN 80% OF THE AMI THE ORGANIZATION SUSTAINED A HUD PROPERTY BASED SECTION 8 (HAP) RENTAL ASSISTANCE CONTRACT FOR 52 UNITS THE HAP RENT ASSISTED UNITS WERE MADE AVAILABLE TO FAMILIES AND INDIVIDUALS WITH INCOMES OF LESS THAN 30% OF AMI THE ORGANIZATION MAINTAINED PROPERTY OPERATIONS IN COMPLIANCE WITH THE REGULATIONS OF HUD THE ORGANIZATION ALSO MAINTAINED COMPLIANCE WITH THE REQUIREMENTS OF THE HOME PROGRAM OF THE CITY OF CORPUS CHRISTI AND THE FEDERAL HOME LOAN BANK AFFORDABLE HOUSING PROGRAM FROM WHICH FUNDING HAD PREVIOUSLY BEEN RECEIVED FOR PROPERTY REHABILITATION THE ORGANIZATION CONTINUED TO OPERATE AN ON-SITE HUD CERTIFIED NEIGHBORHOOD NETWORKS CENTER AT WHICH THE ORGANIZATION PROVIDED PROGRAMS, ACTIVITIES, AND SERVICES FOR THE YOUTH AND ADULT RESIDENTS AND SURROUNDING COMMUNITY PROGRAMS, ACTIVITIES, AND SERVICES INCLUDED CASE MANAGEMENT (INFORMAL) AND REFERRAL SERVICES AFTER-SCHOOL YOUTH PROGRAM ON-LINE COMPUTER ACCESS AND TRAINING ADULT LEARNING OPPORTUNITIES SUMMER YOUTH ACTIVITIES PROGRAM NATIONAL NIGHT OUT AND HOLIDAY CELEBRATIONS HCS 309, LLC, GLENOAK APARTMENTS THE ORGANIZATION IS THE SOLE MEMBER OF HCS 309, LLC THAT OWNS AND OPERATES THE 68-UNIT GLENOAK APARTMENTS IN CORPUS CHRISTI, TEXAS FOR THE BENEFIT OF LOW-INCOME FAMILIES AND INDIVIDUALS MAKING 30% OR LESS OF AMI THE ORGANIZATION SUSTAINED A HUD PROPERTY BASED SECTION 8 (HAP) RENTAL ASSISTANCE CONTRACT FOR ALL 68 UNITS THE HAP RENT ASSISTED UNITS WERE MADE AVAILABLE TO FAMILIES AND INDIVIDUALS WITH INCOMES OF LESS THAN 30% OF AMI THE ORGANIZATION MAINTAINED PROPERTY OPERATIONS IN COMPLIANCE WITH THE REGULATIONS OF HUD HCS 310, LLC, SAMUEL PLACE APARTMENTS THE ORGANIZATION IS THE SOLE MEMBER OF HCS 310, LLC THAT OWNS AND OPERATES THE 60-UNIT SAMUEL PLACE APARTMENTS IN CORPUS CHRISTI, TEXAS FOR THE BENEFIT OF LOW-INCOME FAMILIES AND INDIVIDUALS MAKING 30% OR LESS OF AMI THE ORGANIZATION SUSTAINED A HUD PROPERTY BASED SECTION 8 (HAP) RENTAL ASSISTANCE CONTRACT FOR ALL 60 UNITS THE HAP RENT ASSISTED UNITS WERE MADE AVAILABLE TO FAMILIES AND INDIVIDUALS WITH INCOMES OF LESS THAN 30% OF AMI THE ORGANIZATION MAINTAINED PROPERTY OPERATIONS IN COMPLIANCE WITH THE REGULATIONS OF HUD THE ORGANIZATION CONTINUED TO OPERATE AN ON-SITE HUD CERTIFIED NEIGHBORHOOD NETWORKS CENTER AT WHICH THE ORGANIZATION PROVIDED PROGRAMS, ACTIVITIES, AND SERVICES FOR THE YOUTH AND ADULT RESIDENTS AND SURROUNDING COMMUNITY PROGRAMS, ACTIVITIES, AND SERVICES INCLUDED CASE MANAGEMENT (INFORMAL) AND REFERRAL SERVICES AFTER-SCHOOL YOUTH PROGRAM ON-LINE COMPUTER ACCESS AND TRAINING ADULT LEARNING OPPORTUNITIES SUMMER YOUTH ACTIVITIES PROGRAM NATIONAL NIGHT OUT AND HOLIDAY CELEBRATIONS HCS 311, LLC, NORTH SIDE MANOR APARTMENTS THE ORGANIZATION IS THE SOLE MEMBER OF HCS 311, LLC THAT OWNS AND OPERATES THE 120-UNIT NORTH SIDE MANOR APARTMENTS IN CORPUS CHRISTI, TEXAS FOR THE BENEFIT OF LOW-INCOME FAMILIES AND INDIVIDUALS MAKING 30% OR LESS OF AMI THE ORGANIZATION SUSTAINED A HUD PROPERTY BASED SECTION 8 (HAP) RENTAL ASSISTANCE CONTRACT FOR ALL 120 UNITS THE HAP RENT ASSISTED UNITS WERE MADE AVAILABLE TO FAMILIES AND INDIVIDUALS WITH INCOMES OF LESS THAN 30% OF AMI THE ORGANIZATION MAINTAINED PROPERTY OPERATIONS IN COMPLIANCE WITH THE REGULATIONS OF HUD THE ORGANIZATION CONTINUED TO OPERATE AN ON-SITE COMMUNITY LEARNING CENTER AT WHICH THE ORGANIZATION PROVIDED PROGRAMS, ACTIVITIES, AND SERVICES FOR THE YOUTH AND ADULT RESIDENTS AND SURROUNDING COMMUNITY PROGRAMS, ACTIVITIES, AND SERVICES INCLUDED ON-LINE COMPUTER ACCESS AND TRAINING AFTER-SCHOOL YOUTH PROGRAM YOUTH SUMMER PROGRAM SUMMER YOUTH ACTIVITIES PROGRAM NATIONAL NIGHT OUT AND HOLIDAY CELEBRATIONS</p>

Return Reference	Explanation
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON W-3 THE ORGANIZATION HAD NO EMPLOYEES DURING THE PERIOD AND DOES NOT EXPECT TO PAY WAGES IN THE FUTURE THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM W-3, BECAUSE IT LEASED ALL OPERATING PERSONNEL FROM EMPLOYERS RESOURCE MANAGEMENT COMPANY , A PROFESSIONAL EMPLOYMENT ORGANIZATION THE ORGANIZATION REPORTED EMPLOYEE LEASING COSTS IN FORM 990, PART IX, LINES 7 TO 10, AS APPLICABLE, AS IF THE LEASED EMPLOYEES WERE DIRECTLY PAID EMPLOYEES OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DELEGATE CONTROL OF MANAGEMENT DUTIES THE ORGANIZATION CONTRACTS WITH WEDGE MANAGEMENT, INC , A RELATED TAXABLE CORPORATION, TO SERVE AS ITS MANAGEMENT AGENT FOR THE OPERATIONAL ACTIVITIES OF ITS LOW INCOME HOUSING PROPERTIES OPERATING AS LEXINGTON MANOR APARTMENTS, GLENOAK APARTMENTS, AND SAMUEL PLACE APARTMENTS THE ORGANIZATION ALSO CONTRACTS WITH NHMC-NATIONAL HOUSING MANAGEMENT CORPORATION, ANOTHER RELATED TAXABLE CORPORATION, TO SERVE AS ITS MANAGEMENT AGENT FOR THE OPERATIONAL ACTIVITIES OF ITS LOW INCOME HOUSING PROPERTY OPERATING AS NORTH SIDE MANOR APARTMENTS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	DOCUMENT COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BOARD OF DIRECTORS MAINTAINS NO COMMITTEES. HOWEVER, IF COMMITTEES ARE APPOINTED, THEN COMMITTEE MEETINGS AND ACTIONS TAKEN WOULD BE CONTEMPORANEOUSLY DOCUMENTED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW THE EXECUTIVE DIRECTOR IS CHARGED WITH THE TIMELY AND ACCURATE PREPARATION AND FILING OF THE ANNUAL FORM 990 AN INDEPENDENT CPA FIRM PREPARES A DRAFT OF THE FORM 990 THE MANAGEMENT AGENT CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEW THE 990 THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE FINAL FORM 990 AND THEN HAS IT FILED A COPY OF THE FORM 990 THAT WAS FILED IS PROVIDED TO THE BOARD OF DIRECTORS AT THE BOARD MEETING SUBSEQUENT TO THE FILING OF THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING OF THE BOARD MEMBERS, ALL ARE ASKED TO REVIEW AND SIGN A NEW POLICY STATEMENT AND ADVISE THE BOARD IF ANY CONFLICTS EXIST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF COMPENSATION HOUSING AND COMMUNITY SERVICES, INC (HCS), A 501(C)(3) TAX EXEMPT ORGANIZATION, MAINTAINS CONTROL OF THE ORGANIZATION BY ITS POWER TO APPOINT THE MAJORITY OF THE MEMBERS OF THE BOARD THE EXECUTIVE DIRECTOR OF HCS ALSO SERVES AS THE COMPENSATED EXECUTIVE DIRECTOR (ED) OF THE ORGANIZATION THE HCS BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY TO REVIEW COMPENSATION FOR THE ED WEDGE MANAGEMENT, INC (WMI) AND NHMC-NATIONAL HOUSING MANAGEMENT CORPORATION (NHMC) ARE RELATED TAXABLE CORPORATIONS THAT PROVIDE PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION THE ED OF THE ORGANIZATION IS ALSO THE CEO OF WMI AND THE PRESIDENT OF NHMC TOGETHER HCS, WMI, NHMC, THE ORGANIZATION AND ONE OTHER HCS AFFILIATE PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED THE CHIEF FINANCIAL OFFICER (CFO) FOR THE ORGANIZATION IS ALSO THE CFO FOR HCS, WMI, AND NHMC TOGETHER HCS AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE CFO THE ED WITH OVERSIGHT FROM THE HCS COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION FOR THE CFO NONE OF THE CFO COMPENSATION IS PAID BY THE ORGANIZATION

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

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	OFFICERS AND DIRECTORS REPORTABLE AND OTHER COMPENSATION FROM THE ORGANIZATION AND RELATED ORGANIZATIONS OFFICERS AND DIRECTORS COMPENSATION AND OTHER COMPENSATION REPORTED AS APPLICABLE IN COLUMNS E TO F WERE THE COMPENSATION PAID TO THE TOP OFFICIALS OF THE RELATED MANAGEMENT AGENT REQUIRED TO BE REPORTED AS IF THE ORGANIZATON HAD DIRECTLY PAID THE COMPENSATION, ALTHOUGH IT HAD NOT

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AUDIT COMMITTEE HOUSING AND COMMUNITY SERVICES, INC AS THE CONTROLLING ENTITY MAINTAINS A STANDING AUDIT COMMITTEE TO SELECT THE INDEPENDENT AUDITOR THE MANAGEMENT AGENTS ARE CHARGED WITH PROVIDING OVERSIGHT OF THE ANNUAL AUDIT AND REVIEWING THE AUDIT REPORT PREPARED BY THE AUDITOR THE ORGANIZATION BOARD OF DIRECTORS MEETS AT A REGULARLY SCHEDULED SEMINNUAL MEETING AFTER THE FISCAL YEAR END PRIOR TO THIS MEETING, THE BOARD RECEIVES A COPY OF THE AUDIT TO BE ISSUED THEN AT THIS MEETING, THE BOARD REVIEWS AND APPROVES ACCEPTANCE OF THE AUDIT REPORT TWO DIRECTORS WILL SIGN THE AUDIT REPORT FOR THE ORGANIZATION THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
Election out of special depreciation allowance	TG 110, Inc , DBA Lexington Manor Apartments 8610 North New Braunfels, Suite 500 San Antonio, TX 78217-6397 Identification Number 74-2699492 Tax Year Ended June 30, 2014 Taxpayer elects under IRC Sec 168(k)(2)(D)(iii) not to claim the special depreciation allowance for all eligible classes of property placed in service during the tax year ended June 30, 2014

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.** ▶ **See separate instructions.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TG 110 INC

Employer identification number

74-2699492

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

(a) Name, address, and EIN (if applicable) 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
(1) HCS 309 LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 56-2440313	low-income	TX	594,854	2,189,300	na
(2) HCS 310 LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 04-3785725	low-income	TX	530,279	1,907,103	na
(3) HCS 311 LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 57-1205746	low-income	TX	810,007	2,555,044	na

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

(a) Name, address, and EIN of related organization	(b) 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
(1) housing and community services inc 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 74-2685268	low-income	TX	501(c)(3)	9	NA		No
(2) tg 303 inc 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 74-2948330	Low-income	TX	501(c)(3)	9	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) THE PALMS AT LEOPARD LTD 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 30-0753194	LOW-INCOME	TX	THE PALMS	RELATED	0	0		No			No	
(2) WCA LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 37-1714464	LOW-INCOME	TX	WCA GP LLC	RELATED	0	0		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) wedge management inc 8610 n new braunfels 500 san antonio, TX 782176397 74-2060099	property mgmt	TX	na	C Corp	0	0	0 %		No
(2) NHMC - NATIONAL HOUSING MANAGEMENT CORP 8610 n new braunfels 500 SAN antonio, TX 782176397 74-2633267	property mgmt	TX	na	C Corp	0	0	0 %		No
(3) THE PALMS AT LEOPARD GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 46-1211407	LOW-INCOME	TX	NA	C Corp	0	100	100 000 %		No
(4) WCA GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 46-2028865	LOW-INCOME	TX	NA	C Corp	0	0	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
FORM 990, SCHEDULE R, PART II	IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS HOUSING AND COMMUNITY SERVICES, INC (HCS), A 501(C)(3) TAX EXEMPT ORGANIZATION, IS RELATED, BECAUSE IT MAINTAINS CONTROL OF THE ORGANIZATION BY ITS POWER TO APPOINT THE MAJORITY OF THE MEMBERS OF THE BOARD THE EXECUTIVE DIRECTOR OF HCS ALSO SERVES AS THE COMPENSATED EXECUTIVE DIRECTOR OF THE ORGANIZATION HCS PROVIDES PROJECT OVERSIGHT SERVICES AND RESIDENT SERVICES COORDINATION TO THE ORGANIZATION THE ORGANIZATION IS RELATED TO TG 303, INC OPERATING AS CASA DE MANANA APARTMENTS, A 501(C)(3) TAX EXEMPT ORGANIZATION AND AN AFFILIATE OF HCS, BECAUSE THE SAME PERSONS SERVING ON THE BOARDS OF DIRECTORS FOR BOTH ORGANIZATIONS CONSTITUTE A MAJORITY OF THE MEMBERS OF BOTH GOVERNING BODIES TG 303, INC HAS THE SAME PURPOSE AS THE ORGANIZATION
FORM 990, SCHEDULE R, PART IV	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION WEDGE MANAGEMENT, INC (WMI) AND NHMC-NATIONAL HOUSING MANAGEMENT CORPORATION (NHMC) ARE RELATED TAXABLE CORPORATIONS HCS OWNS 100% OF THE VOTING COMMON STOCK OF WMI AND 66 67% OF THE VOTING COMMON STOCK OF NHMC THE EXECUTIVE DIRECTOR OF HCS, WHO IS ALSO THE EXECUTIVE DIRECTOR OF THE ORGANIZATION, SERVES AS AN OFFICER AND A DIRECTOR OF WMI AND NHMC TOGETHER HCS, WMI, NHMC, THE ORGANIZATION, AND ONE OTHER HCS AFFILIATE PAY THE COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR WMI AND NHMC PROVIDE PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION