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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

Open to Public Inspection

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A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

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

C Name of organization: TARRANT COUNTY HOUSING PARTNERSHIP INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite: 3204 COLLINSWORTH STREET
City or town, state or province, country, and ZIP or foreign postal code: FORT WORTH, TX 76107

D Employer identification number: 75-2399903
E Telephone number: (817) 924-5091
G Gross receipts \$ 5,040,999

F Name and address of principal officer: DONNA VANNESS, 3204 COLLINSWORTH ST, FT WORTH, TX 76107

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.TCHP.NET

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation 1991 M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: REVITALIZE DISTRESSED NEIGHBORHOODS IN TARRANT COUNTY AND THROUGHOUT TEXAS COMMUNITIES IN NEED AND INCREASE THE AMOUNTS OF DECENT, AFFORDABLE HOUSING AVAILABLE TO LOWER INCOME FAMILIES AND INDIVIDUALS WITH SPECIAL HOUSING NEEDS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

Table with 2 columns: Description and Amount. Rows include: 3 Number of voting members of the governing body (11), 4 Number of independent voting members of the governing body (11), 5 Total number of individuals employed in calendar year 2013 (15), 6 Total number of volunteers (25), 7a Total unrelated business revenue from Part VIII, column (C), line 12 (0), 7b Net unrelated business taxable income from Form 990-T, line 34 (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (3,966,651 / 1,553,620), 9 Program service revenue (1,574,036 / 1,597,399), 10 Investment income (990 / 262), 11 Other revenue (-301,489 / -71,153), 12 Total revenue—add lines 8 through 11 (5,240,188 / 3,080,128)

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (964,723 / 861,890), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (10,000), 17 Other expenses (2,296,437 / 2,812,603), 18 Total expenses Add lines 13-17 (3,261,160 / 3,674,493), 19 Revenue less expenses Subtract line 18 from line 12 (1,979,028 / -594,365)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) (10,013,375 / 9,410,726), 21 Total liabilities (Part X, line 26) (3,550,092 / 3,541,808), 22 Net assets or fund balances Subtract line 21 from line 20 (6,463,283 / 5,868,918)

Part II Signature Block

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

Sign Here: Signature of officer: ***** Date: 2015-08-12
DONNA VANNESS PRESIDENT
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: ALISON WILLIAMS Preparer's signature Date Check if self-employed PTIN: P00509585
Firm's name: RYLANDER CLAY & OPITZ LLP Firm's EIN: 75-1458509
Firm's address: 3200 RIVERFRONT DRIVE SUITE 200 FORT WORTH, TX 76107 Phone no: (817) 332-2301

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 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 \$ 1,239,039 including grants of \$) (Revenue \$ 33,555)
 ACQUISITION/REHABILITATION/REALE (HOUSING REHAB) THE PURPOSE OF TCHP'S HOUSING REHAB PROGRAM IS TO RENOVATE DILAPIDATED HOUSING STOCK, IMPROVE THE OVERALL VIABILITY OF LOCAL NEIGHBORHOODS, AND CREATE QUALITY, AFFORDABLE HOUSING OPPORTUNITIES SERVING AS THE NON-PROFIT OWNER/DEVELOPER, TCHP ACQUIRES VACANT, DISTRESSED PROPERTIES WITHIN TARGET NEIGHBORHOODS TO MAKE IMPROVEMENTS THAT MEET AND EXCEED LOCAL CODE AND FEDERAL HOUSING QUALITY REQUIREMENTS TCHP ADHERES TO HIGH STANDARDS IN CONSTRUCTING THE HIGHEST QUALITY HOME WHILE MAINTAINING THE LOWEST POSSIBLE COST PER SQUARE FOOT TCHP RENOVATES FORECLOSED PROPERTIES TO PROVIDE SAFE, QUALITY, AFFORDABLE HOUSING FOR LOW- TO MODERATE-INCOME FAMILIES AND REVITALIZE NEIGHBORHOODS TCHP ALSO EMPLOYS COST-EFFECTIVE GREEN BUILDING ALTERNATIVES IN CONSTRUCTION AND INSTALLS ENERGY STAR RATED PRODUCTS THESE IMPROVEMENTS PROVIDE A BENEFIT TO THE BUYER THROUGH LOWER UTILITY COSTS AND LONG TERM AFFORDABILITY TCHP TAKES PRIDE IN PROVIDING QUALITY, AFFORDABLE HOUSING THAT IS NOT DISCERNABLE FROM MARKET RATE HOUSING ONCE TCHP COMPLETES THE REHABILITATION, THE HOUSE IS RETURNED TO THE MARKET AT AN AFFORDABLE PRICE FOR LOWER INCOME FAMILIES AND INDIVIDUALS WITH SPECIAL HOUSING NEEDS WHERE AVAILABLE, HOMEBUYER ASSISTANCE FUNDS FOR DOWN PAYMENT AND CLOSING COSTS MAY BE PROVIDED THIS PROGRAM IMPACTS LOCAL REDEVELOPMENT EFFORTS BY PROVIDING THE COMMUNITY WITH STABILIZED PROPERTY VALUES AND DECREASED RENTER-OCCUPIED HOUSING TO PROMOTE THE REVITALIZATION OF DISTRESSED NEIGHBORHOODS ADDITIONALLY, THESE EFFORTS IMPACT THE BROADER COMMUNITY BY DECREASING NEIGHBORHOOD CRIME, GENERATING TAX REVENUE, CREATING JOBS, AND ELIMINATING BLIGHT, WHICH FURTHERS THE SUSTAINABILITY OF OLDER NEIGHBORHOODS AND DETERIORATING URBAN AREAS THE PROGRAM ALSO IMPROVES THE QUALITY OF LIFE, AND HAS POSITIVE FINANCIAL OUTCOMES FOR LOW- TO MODERATE-INCOME FAMILIES SEEKING TO ACHIEVE HOMEOWNERSHIP BY PROVIDING THE COMMUNITY WITH EDUCATED, EMPOWERED HOMEBUYERS THAT CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE COMMUNITY, THE LIKELIHOOD OF FORECLOSURE IS ALSO DIMINISHED TO LEVERAGE THE SUCCESS OF THE PROGRAM, TCHP USES DONATIONS OF MATERIALS, EQUIPMENT, APPLIANCES AND HOME ACCESSORIES FROM TWO LOCAL HOME IMPROVEMENT RETAIL DISTRIBUTION CENTERS IN THE REHABILITATION OF AFFORDABLE HOUSING UNITS ADDITIONALLY, TO MEET AND EXCEED THE HUD MATCH REQUIREMENT FOR HOME FUNDING, TCHP CONTINUALLY ENGAGES THE LOCAL COMMUNITY TO PARTICIPATE IN THE SUCCESS OF AFFORDABLE HOUSING REDEVELOPMENT BY SOLICITING DISCOUNTS ON PROFESSIONAL SERVICES, LABOR COSTS, FEE WAIVERS AND PROJECT CONTRIBUTIONS THROUGH TCHP'S EFFORTS, LOCAL BUSINESSES CONSISTENTLY DONATE MORE THAN 25% OF THE HOME GRANT FUNDING TOWARD SUCCESSFUL REVITALIZATION IN THEIR COMMUNITY AS A HUD APPROVED AFFORDABLE HOUSING PROVIDER, TCHP HAS BEEN ABLE TO ACQUIRE, REHABILITATE AND RESELL HUNDREDS OF UNITS THROUGHOUT TARRANT COUNTY AND NORTH TEXAS IN AN EFFORT TO PRESERVE EXISTING HOUSING STOCK

4b (Code) (Expenses \$ 190,713 including grants of \$) (Revenue \$ 43,911)
 NEW CONSTRUCTION TCHP PARTNERS WITH LOCAL STAKEHOLDERS TO FOCUS THEIR EFFORTS ON THE REVITALIZATION OF SOME OF THE CITIES' OLDEST URBAN, INNER-CITY NEIGHBORHOODS THROUGH INFILL DEVELOPMENT OF NEW SINGLE FAMILY HOMES TCHP IS BUILDING ITS FOURTH NEW CONSTRUCTION PROJECT IN TARRANT COUNTY, WHICH IS LOCATED IN SOUTHEAST FORT WORTH IN THE HILLSIDE MORNINGSIDE NEIGHBORHOOD DEVELOPED IN THE EARLY 1920'S THE PROJECT CONSISTS OF 15 NEW BUNGALOW-STYLE CRAFTSMAN HOMES THAT ARE AFFORDABLY PRICED, ENERGY EFFICIENT AND AVAILABLE TO HOMEBUYERS AT OR BELOW 80% OF AREA MEDIAN INCOME WHO CAN QUALIFY FOR UP TO \$14,999 IN DOWN PAYMENT AND CLOSING COST ASSISTANT THROUGH THE CITY OF FORT WORTH'S HOMEBUYER ASSISTANCE PROGRAM TO HELP THESE FAMILIES AND ENSURE LONG-TERM SUSTAINABILITY FOR THE DEVELOPMENT, TCHP WILL ALSO PROVIDE ASSISTANCE WITH HOUSING EDUCATION, CREDIT COUNSELING AND FINANCIAL LITERACY UTILIZING TCHP'S PIONEERING GREEN BUILDING INITIATIVE, CONSTRUCTION FEATURES INSTALLATION OF THE STRUCTURAL INSULATED PANELS (SIPS) - A HIGH PERFORMANCE BUILDING SYSTEM CONSISTING OF AN INSULATING FOAM CORE SANDWICHED BETWEEN TWO ORIENTED STRAND BOARDS (OSB) THE RESULT IS A BUILDING SYSTEM THAT IS EXTREMELY ENERGY EFFICIENT, AND COST EFFECTIVE THE HOMES ALSO FEATURE HIGH-PERFORMING HVAC SYSTEMS, ENERGY STAR RATED APPLIANCES AND WINDOWS, ENVIRONMENTALLY-FRIENDLY PAINT, CABINETRY AND FLOORING, DROUGHT-TOLERANT LANDSCAPING, AND WATER-CONSERVING PLUMBING EACH HOME IS EQUIPPED WITH A TED ENERGY USE MONITOR SYSTEM THAT WILL PROVIDE DATA ON HOUSEHOLD ENERGY USAGE HOMES BUILT UNDER TCHP'S GREEN BUILDING INITIATIVE ARE MORE COST EFFECTIVE TO THE HOMEOWNERS AND PROVIDE GREATLY REDUCED UTILITY BILLS, PUTTING MORE MONEY IN THEIR POCKETS, WHICH INCREASE THEIR SUSTAINABILITY ADDITIONAL BENEFITS OF THE GREEN BUILDING PRACTICES INCLUDE INCREASED AIR QUALITY AND HEALTHIER INDOOR ATMOSPHERE, WHICH IMPROVES MEDICAL CONDITIONS SUCH AS ASTHMA THE GOAL FOR TCHP IS TO BECOME A LEADER IN BUILDING HIGH PERFORMING, ENERGY EFFICIENT AFFORDABLE HOMES FOR LOWER INCOME FAMILIES WHILE ALSO STRENGTHENING THE ENVIRONMENT THE IMPACT OF THIS PROJECT HAS RESULTED IN THE DECREASE OF VACANT, BLIGHTED INFILL LOTS, AN INCREASE IN HOMEOWNERSHIP OPPORTUNITIES FOR LOW INCOME HOUSEHOLDS, AS WELL AS AN INCREASE IN THE NUMBER OF QUALIFIED HOMEBUYERS, EDUCATION OF LOW INCOME RESIDENTS ON FINANCIAL LITERACY AND PRE-PURCHASE COUNSELING, INCREASED HOMEOWNER SUSTAINABILITY THROUGH DECREASE IN UTILITY COSTS AND HEALTH AILMENTS REQUIRING MEDICAL ATTENTION, THE STABILIZATION OF PROPERTY VALUES IN CHALLENGING INNER-CITY NEIGHBORHOODS, AN INCREASE IN THE SUPPLY OF AFFORDABLE HOUSING, AND ULTIMATELY CREATING A POSITIVE IMPACT ON THE LOCAL ECONOMIC RECOVERY AND REVITALIZATION EFFORTS AS IT INCREASES PROPERTY VALUES AND PREVENTS FURTHER NEIGHBORHOOD DECLINE GREEN BUILDING PRACTICES SAVED 30% ON FRAMING LABOR, DECREASED COSTS FOR INSULATION, 30% SAVINGS OF ELECTRICAL LABOR, SAVINGS OF 30% ON WASTE COSTS DUE TO REDUCTION IN JOBSITE WASTE UTILIZING PRE-CUT PANELS, ENERGY EFFICIENT ENVELOPE REQUIRED SMALLER HVAC SYSTEMS, WHICH GENERATED A 40% SAVINGS AND BETTER INDOOR AIR QUALITY FOR HOMEOWNERS ADDITIONALLY, THE NEW HOMES ON ONCE EMPTY LOTS CREATED JOBS - BOTH DURING CONSTRUCTION AND THROUGH NEW CONSUMER SPENDING AFTER THE HOMES WERE OCCUPIED THE HOUSES THAT TCHP BUILT HAVE SIGNIFICANTLY IMPROVED THE APPEARANCE AND VALUE OF THE NEIGHBORHOOD TCHP ALSO MAXIMIZED BENEFIT FOR THE FUTURE RESIDENTS BY BUILDING GREEN TO LOWER LONG TERMS COSTS OF HOMEOWNERSHIP

4c (Code) (Expenses \$ 954,715 including grants of \$) (Revenue \$ 1,345,551)
 AFFORDABLE RENTAL TCHP OWNS AND PROFESSIONALLY MANAGES 186 MULTIFAMILY UNITS THROUGHOUT TARRANT COUNTY UNITS ARE LEASED AT AFFORDABLE RENTS PRIMARILY TO VERY LOW- AND LOW-INCOME HOUSEHOLDS MANY TENANTS ARE SINGLE-PARENTS, STRUGGLING TO FIND A SAFE, AFFORDABLE, AND PLEASANT ENVIRONMENT FOR THEIR CHILDREN TCHP TAKES GREAT PRIDE IN MAINTAINING THESE PROPERTIES AT HIGH QUALITY STANDARDS TENANTS ARE ENCOURAGED TO TAKE ADVANTAGE OF FREE BUDGET AND CREDIT COUNSELING SERVICES OFFERED AT TCHP TO MOVE TOWARD AN OPPORTUNITY FOR IMPROVED CREDIT, AND EVENTUALLY HOMEOWNERSHIP TCHP ALSO PARTNERS WITH LOCAL BANKS AND OTHER ORGANIZATIONS TO BRING BUDGET, COUNSELING, AND SAVING SERVICES ONSITE TO RESIDENTS QUALITY, AFFORDABLE RENTAL UNITS ARE IN HIGH DEMAND AS A RESULT OF TIGHTER MORTGAGE QUALIFICATION REQUIREMENTS, AND LOW VACANCY RATES TCHP ANTICIPATES EXPANDING THIS PROGRAM BY ACQUIRING AND IMPROVING ADDITIONAL RENTAL PROPERTIES IN THE FUTURE

(Code) (Expenses \$ 904,941 including grants of \$) (Revenue \$ 103,229)
 TCHP OPERATES UNDER AN INTEGRATED APPROACH, MAXIMIZING RESOURCES TO OFFER A VARIETY OF PROGRAMS IN AN EFFORT TO MEET THE CHANGING NEEDS OF LOW-TO-MODERATE INCOME FAMILIES IN ALL STAGES OF HOMEOWNERSHIP IN ADDITION TO AFFORDABLE HOUSING DEVELOPMENT, TCHP ADMINISTERS DOWN PAYMENT ASSISTANCE PROGRAMS FOR FIRST-TIME HOMEBUYERS AND PROVIDES HOUSING COUNSELING AND EDUCATION SERVICES THE FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED LOW TO MODERATE INCOME FAMILIES AT OR BELOW 80% OF AREA MEDIAN INCOME FOR THE PURCHASE OF SINGLE FAMILY, OWNER OCCUPIED HOMES PROGRAM FUNDS ARE UTILIZED FOR DOWN PAYMENT AND CLOSING COSTS OR PRINCIPAL REDUCTION, WHICH ENSURES THAT FIRST TIME HOMEBUYERS DO NOT BECOME HOUSING COST BURDENED (DEFINED AS HAVING A MORTGAGE PAYMENT THAT EXCEEDS 35% OF THEIR GROSS MONTHLY INCOME) THE ASSISTANCE IS PROVIDED IN THE FORM OF A DEFERRED, FORGIVABLE LOAN, WHICH IS ONLY DUE IF THE AFFORDABILITY PERIOD IS NOT MET (GENERALLY 5 YEARS) PARTICIPATING HOUSEHOLDS ARE ALSO REQUIRED TO PARTICIPATE IN HOMEBUYER EDUCATION TCHP HOUSING ADVISORS PROVIDE SERVICES IN ENGLISH AND SPANISH WHICH INCLUDE HOMEBUYER OUTREACH/ORIENTATION SESSIONS, FINANCIAL LITERACY CLASSES, INDIVIDUAL PRE-PURCHASE AND FORECLOSURE PREVENTION COUNSELING, HOMEBUYER TRAINING AND POST-PURCHASE WORKSHOPS TCHP CLIENTS RECEIVE A MINIMUM OF 8 HOURS OF HOUSING AND FINANCIAL EDUCATION THROUGH GROUP CLASSES AND ONE-ON-ONE COUNSELING SESSIONS THIS HOLISTIC APPROACH INCREASES OUR CLIENTS' ABILITY TO RESOLVE CREDIT ISSUES, DECREASE DEBT, AND INCREASE SAVINGS, WHICH ULTIMATELY PREPARES THEM FOR HOMEOWNERSHIP BY PROVIDING HOUSING COUNSELING AND EDUCATION, OUR OBJECTIVE IS TO BUILD LONG TERM RELATIONSHIPS WITH OUR CLIENTS AND SERVE AS A RESOURCE TO HELP THEM BUILD A MORE STABLE FUTURE FOR GENERATIONS TO COME THESE PROGRAMS ARE THE FOUNDATION OF TCHP'S MISSION TO INCREASE AFFORDABLE HOUSING OPPORTUNITIES FOR HARD-WORKING NORTH TEXAS RESIDENTS AND TO PROMOTE THE ECONOMIC GROWTH AND REVITALIZATION OF NEIGHBORHOODS IN OUR COMMUNITY THE GOAL OF OUR BUSINESS IS TO IMPROVE THE QUALITY OF LIFE FOR LOW-TO-MODERATE INCOME FAMILIES IN AN EFFORT TO HELP THEM ACHIEVE AND SUSTAIN THE AMERICAN DREAM OF HOMEOWNERSHIP AND DECREASE THE LIKELIHOOD OF FORECLOSURE, WHEREBY ULTIMATELY PROVIDING THE COMMUNITY WITH EDUCATED, EMPOWERED HOMEBUYERS THAT CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF NORTH TEXAS

4d Other program services (Describe in Schedule O)
 (Expenses \$ 904,941 including grants of \$) (Revenue \$ 103,229)

4e Total program service expenses 3,289,408

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"/>		No
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"/>	Yes	
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"/>		No
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>		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>		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>		No
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		No
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		No
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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

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 (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," 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? (Yes).

Section C. Disclosure

- 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: [X] Own website [X] Another's website [X] 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: DONNA VANNESS 3204 COLLINSWORTH STREET FORT WORTH, TX 76107 (817) 924-5091

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

Check if Schedule O contains a response 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) BRANDY O'QUINN CHAIR	5 00	X		X				0	0	0
(2) HENRY BORBOLLA DIRECTOR	3 00	X						0	0	0
(3) LAURIE TROWELL DIRECTOR	1 00	X						0	0	0
(4) MARY ELLEN BLAKEMORE DIRECTOR	1 00	X						0	0	0
(5) MARY CATHERINE HENKE TREASURER	5 00	X		X				0	0	0
(6) ZEBEDEE STRONG DIRECTOR	3 00	X						0	0	0
(7) GLENN WILLIAMS DIRECTOR	3 00	X						0	0	0
(8) JEAN CHRISTENBERRY SECRETARY	5 00	X		X				0	0	0
(9) CELESTINA KUBICKI DIRECTOR	3 00	X						0	0	0
(10) MARTIN NOTO VICE CHAIR	3 00	X		X				0	0	0
(11) BRIAN HENNIGAN DIRECTOR	3 00	X						0	0	0
(12) DONNA VANNESS PRESIDENT	40 00			X				95,054	0	6,913

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							95,054	0	6,913	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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	805,003				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	748,617				
	g Noncash contributions included in lines 1a-1f \$	663,933				
	h Total. Add lines 1a-1f	1,553,620				
Program Service Revenue	2a RENTAL INCOME ON LOW INCOME HOUSI	Business Code				
		531110	1,339,985	1,339,985		
	b FEE INCOME	531390	151,752	151,752		
	c PROCESSING FEE	531390	58,705	58,705		
	d PROPERTY FEES	531310	46,957	46,957		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,597,399			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		262		262	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses b				
		c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	1,876,400				
	b Less cost of goods sold b	1,960,871				
	c Net income or (loss) from sales of inventory		-84,471	-84,471		
Miscellaneous Revenue	Business Code					
11a MISC REVENUE	531390	13,318	13,318			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		13,318				
12 Total revenue. See Instructions		3,080,128	1,526,246	0	262	

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				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,237	65,928	25,309	10,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	650,443	458,428	192,015	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	56,767	40,009	16,758	
10	Payroll taxes	53,443	37,410	16,033	
11	Fees for services (non-employees)				
a	Management				
b	Legal	27,094	18,966	8,128	
c	Accounting	41,170	28,819	12,351	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,273	14,891	6,382	
12	Advertising and promotion	13,380	6,247	7,133	
13	Office expenses	80,964	40,482	40,482	
14	Information technology				
15	Royalties				
16	Occupancy	642,254	631,482	10,772	
17	Travel	7,776	3,630	4,146	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,915	11,428	1,487	
20	Interest	58,972	48,362	10,610	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	373,723	367,571	6,152	
23	Insurance	69,470	68,758	712	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	PURCHASE, REHAB, & INSP	703,396	703,396		
b	LOANS TO HOMEBUYERS	231,564	231,564		
c	CLOSING COSTS	195,266	195,266		
d	DONATED PROPERTY EXPENS	190,560	190,560		
e	All other expenses	142,826	126,211	16,615	
25	Total functional expenses. Add lines 1 through 24e	3,674,493	3,289,408	375,085	10,000
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	1,349,488	1	755,008
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	93,851	3	200,740
	4 Accounts receivable, net	91,243	4	61,261
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,131,634	8	1,392,436
	9 Prepaid expenses and deferred charges	45,262	9	61,597
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 8,484,883		
	b Less accumulated depreciation	10b 1,599,661	7,248,435	10c 6,885,222
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	37,914	14	37,914
	15 Other assets See Part IV, line 11	15,548	15	16,548
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,013,375	16	9,410,726	
Liabilities	17 Accounts payable and accrued expenses	254,618	17	228,896
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	-23,757	21	-25,516
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,278,082	23	3,291,678
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	41,149	25	46,750
	26 Total liabilities. Add lines 17 through 25	3,550,092	26	3,541,808
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	6,463,283	27	5,868,918
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	6,463,283	33	5,868,918	
34 Total liabilities and net assets/fund balances	10,013,375	34	9,410,726	

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	3,080,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,674,493
3	Revenue less expenses Subtract line 2 from line 1	3	-594,365
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,463,283
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,868,918

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 checked="" type="checkbox"/> Consolidated basis <input 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

OMB No 1545-0047

2013

Open to Public Inspection

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (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

TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number

75-2399903

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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.")	1,065,528	5,705,903	5,485,668	3,966,651	1,553,620	17,777,370
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	1,065,528	5,705,903	5,485,668	3,966,651	1,553,620	17,777,370
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)						1,843,924
6 Public support. Subtract line 5 from line 4						15,933,446

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,065,528	5,705,903	5,485,668	3,966,651	1,553,620	17,777,370
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	270	3,628	4,746	990	262	9,896
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.)	14,613	37,723	99,089	6,657	13,318	171,400
11 Total support (Add lines 7 through 10)						17,958,666
12 Gross receipts from related activities, etc. (see instructions)					12	12,069,732

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.720%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	91.610%

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

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

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

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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

- 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 A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2009 AMOUNT \$ 14,613 2010 AMOUNT \$ 37,723 2011 AMOUNT \$ 99,089 2012 AMOUNT \$ 6,657 2013 AMOUNT \$ 13,318

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

TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number

75-2399903

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenues and assets.

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		492,948		492,948
b Buildings		7,935,096	1,552,709	6,382,387
c Leasehold improvements		3,111	2,333	778
d Equipment		41,967	32,858	9,109
e Other		11,761	11,761	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,885,222

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	5,310,528
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	2,230,400	
e	Add lines 2a through 2d		2e	2,230,400
3	Subtract line 2e from line 1		3	3,080,128
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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	3,080,128

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	5,904,893
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	2,230,400	
e	Add lines 2a through 2d		2e	2,230,400
3	Subtract line 2e from line 1		3	3,674,493
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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	3,674,493

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
PART IV, LINE 2B	TCHP COLLECTS AMOUNTS FROM MORTGAGEES TO BE USED TO REMIT TO PROPERTY TAX AUTHORITIES AND INSURANCE COMPANITES ON BEHALF OF THE MORTGAGE HOLDER AMOUNTS HAVE BEEN REMITTED FOR TAXES AND INSURANCE BEFORE COLLECTION FROM MORTGAGEES
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD NETTED WITH REVENUE ON FORM 990 1,960,871 PAYROLL REIMBURSEMENT FROM DISREGARDED ENTITY NETTED WITH EXPENSES ON 990 253,279 BENEFITS REIMBURSEMENT FROM DISREGARDED ENTITY NETTED WITH EXPENSES ON 990 16,250
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD SHOWN AS EXPENSE ON AUDIT 1,960,871 PAYROLL REIMBURSEMENT FROM DISREGARDED ENTITY NETTED WITH EXPENSES ON 990 253,279 BENEFITS REIMBURSEMENT FROM DISREGARDED ENTITY NETTED WITH EXPENSES ON 990 16,250

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 TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number 75-2399903

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Real estate, etc.

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

29

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding property reporting and policies.

Part III 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
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Schedule M (Form 990) (2013)

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
TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number
75-2399903

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE REVIEWS THE FORM 990 THE FORM 990 IS SUBMITTED ELECTRONICALLY TO THE BOARD PRIOR TO THE FILING OF THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING AND COMPLIANCE PROCEDURES FOR CONFLICT OF INTEREST POLICY TCHP'S CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS, EMPLOYEES AND VOLUNTEERS OF THE TARRANT COUNTY HOUSING PARTNERSHIP, INC IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE TARRANT COUNTY HOUSING PARTNERSHIP, INC WITH A PROCEDURE TO APPROPRIATELY MANAGE CONFLICTS IN ACCORDANCE WITH LEGAL REQUIREMENTS AND THE GOALS OF ACCOUNTABILITY AND TRANSPARENCY IN TARRANT COUNTY HOUSING PARTNERSHIP, INC OPERATIONS</p> <p>MONITORING PROCEDURES TARRANT COUNTY HOUSING PARTNERSHIP HAS ARRANGED FOR THE SUPERVISION AND/OR PERFORMANCE OF CARRYING OUT ORGANIZATIONAL ACTIVITIES WHERE THE INTERESTS OF EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER AND TARRANT COUNTY HOUSING PARTNERSHIP'S INTERESTS MAY CONFLICT THESE STEPS ARE DESIGNED TO PREVENT THE SIMULTANEOUS INVOLVEMENT OF A RELEVANT PERSON IN SEPARATE SERVICES OR ACTIVITIES WHERE SUCH INVOLVEMENT MAY IMPAIR THE PROPER MANAGEMENT OF CONFLICTS PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING IF BOARD MEMBERS ARE AWARE THAT STAFF OR OTHER VOLUNTEERS HAVE A CONFLICT OF INTEREST, RELEVANT FACTS SHOULD BE DISCLOSED BY THE BOARD MEMBER OR BY THE INTERESTED PERSON HIM/HERSELF IF INVITED TO THE BOARD MEETING AS A GUEST FOR PURPOSES OF DISCLOSURE THE PRESIDENT WILL MONITOR ONGOING TRANSACTIONS OF THE ORGANIZATION (E.G., CONTRACTS WITH VENDORS AND COLLABORATIONS WITH THIRD PARTIES) FOR CONFLICTS OF INTEREST AND DISCLOSE THEM TO THE BOARD AND STAFF, AS APPROPRIATE, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO HIS OR HER SUPERVISOR OR THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER FULL BOARD DISCUSSION IS WARRANTED OR WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY</p> <p>POLICY REVIEW</p> <p>A) EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL BE PROVIDED WITH AND ASKED TO REVIEW A COPY OF THE POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO</p> <p>B) ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER SHALL COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH HE/SHE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO ANOTHER NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO TARRANT COUNTY HOUSING PARTNERSHIP, INC ANY SUCH INFORMATION REGARDING THE BUSINESS INTERESTS OF A DIRECTOR, OFFICER, EMPLOYEE OR VOLUNTEER, OR A FAMILY MEMBER THEREOF, SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY</p> <p>C) THE POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED TO ALL STAFF AND VOLUNTEERS</p>
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE DIRECTOR COMPENSATION POLICY LINE 15A&B, GENERAL POLICY TCHP HAS AN EXECUTIVE DIRECTOR COMPENSATION POLICY THE POLICY REQUIRES THE EXECUTIVE COMMITTEE TO MEET AT LEAST ANNUALLY TO REVIEW CHANGES TO COMPENSATION AND BENEFITS FOR THE PRESIDENT THE REVIEW WILL INCLUDE A REVIEW OF THE PRIOR YEAR'S PERFORMANCE AND THE GOALS AND OBJECTIVES ESTABLISHED FOR THE UPCOMING YEAR THE EXECUTIVE COMMITTEE WILL OBTAIN A SALARY SURVEY OF COMPARABLE POSITIONS IN AREA NONPROFITS TO DETERMINE COMPARABILITY OF COMPENSATION MEMBERS OF THE EXECUTIVE COMMITTEE MAKE AN INDEPENDENT REVIEW AND APPROVAL OF THE ANNUAL COMPENSATION AND BENEFITS OF THE PRESIDENT THIS PROCESS IS REQUIRED FOR THE PRESIDENT AND THE VICE PRESIDENT POSITIONS TARRANT COUNTY HOUSING PARTNERSHIP'S PERSONNEL POLICIES AND PROCEDURES WERE ORIGINALLY APPROVED MARCH 8, 2000 AND AMENDED FEBRUARY 20, 2004 AND SEPTEMBER 10, 2014 WITH REGARD TO EXECUTIVE DIRECTOR COMPENSATION, IT STATES UNDER SECTION XII - WORKING CONDITIONS, POLICIES AND PROCEDURES, "SALARY CHANGES OF THE PRESIDENT AND VICE PRESIDENT WILL BE SUBJECT TO BOARD APPROVAL AND MUST BE IN WRITING/EMAIL FROM THE BOARD CHAIR BEFORE FUNDS CAN BE DISBURSED"</p>
FORM 990, PART VI, SECTION C, LINE 19	THESE ITEMS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XII, PAGE 12, LINE 2C	THE BOARD REVIEW PROCESS AND OVERSIGHT OF THE AUDIT HAS NOT CHANGED DURING THE TAX YEAR

**SCHEDULE R
(Form 990)**

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
TARRANT COUNTY HOUSING PARTNERSHIP INC

Employer identification number
75-2399903

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) PARTNERSHIP REALTY SERVICES LLC 3204 COLLINSWORTH STREET FORT WORTH, TX 76107 45-5273533	REAL ESTATE SALE AND MANAGEMENT	TX	419,201	22,691	TARRANT COUNTY HOUSING PARTNERSHIP

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

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	

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

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		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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**