CHARLES O. PAUL, CPA 7408 CONTINENTAL TRAIL NORTH RICHLAND HILLS, TEXAS 76182 OFFICE 817-498-0884, CELL 817-937-1236

November 12, 2019

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC 1509-B S. University Dr. No. 208 FORT WORTH, TX 76107

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to me as soon as possible.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Very truly yours,

CHARLES O. PAUL, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2018

Prepared for	DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC 1509-B S. University Dr. No. 208 FORT WORTH, TX 76107
Prepared by	CHARLES O. PAUL, CPA 7408 CONTINENTAL TRAIL NORTH RICHLAND HILLS, TX 76182
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-E0 to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-E0 to me as soon as possible.

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Form	\mathbf{J}	J	U

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



ΑΙ	For th	e 2018 calendar year, or tax year beginning an	d ending	_		
B	Check if applicab	C Name of organization D Employer identification number				
		DEVELOPMENT CORPORATION OF				
	Addre chang			75_2	791607	
	chang Initial	 Doing business as Number and street (or P.0. box if mail is not delivered to street address) 	Doom/ouito			
	returr Final returr		Room/suite 208	E Telephone number	870-9008	
	termi		200	G Gross receipts \$	2,930,362.	
	ated Amer returr	City or town, state or province, country, and ZIP or foreign postal code FORT WORTH, TX 76107		H(a) Is this a group re		
	Appli tion	F Name and address of principal officer: CHARLIE PRICE		for subordinates		
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in		
1	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 527		list. (see instructions)	
		te: ► NA	,	H(c) Group exemption	,	
		organization: 🔀 Corporation 🔄 Trust 🤄 Association 🔄 Other 🕨	L Year		State of legal domicile: TX	
	art I	Summary		•	· · · · ·	
_	1	Briefly describe the organization's mission or most significant activities: THE	CORPOR	RATION ACTS	AS A	
n c		CATALYST FOR THE HOLISTIC APPROACH TO CO	DMMUNIT	Y AND ECONO	MIC	
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disp	osed of more	e than 25% of its net as	sets.	
٥ ٨	3	Number of voting members of the governing body (Part VI, line 1a)		3	8	
5	4	Number of independent voting members of the governing body (Part VI, line 1b))	4	8	
se	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3	
viti	6	Total number of volunteers (estimate if necessary)			0	
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
_		Net unrelated business taxable income from Form 990-T, line 38			0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		11,087.	1,184,814.	
nue	9	Program service revenue (Part VIII, line 2g)		81,377.	392,814.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,122.	-127,182.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,410.	-73,486.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		96,176.	1,376,960.	
	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.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	42,983.	249,096.	
n Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
s 15 16a dx b		Total fundraising expenses (Part IX, column (D), line 25)	0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,572.	88,539.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,555.	337,635.	
	19	Revenue less expenses. Subtract line 18 from line 12		48,621.	1,039,325.	
s or lces			Be	eginning of Current Year	End of Year	
set	20	Total assets (Part X, line 16)		5,009,659.	6,280,346.	
Fund Balanc	21	Total liabilities (Part X, line 26)		403,883.	635,245.	
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		4,605,776.	5,645,101.	
D	ort II	Signature Block				

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 CHARLIE PRICE, PRESIDE Type or print name and title	ENT	Date		
	Print/Type preparer's name	Preparer's signature	Date Check X PTIN		
Paid	CHARLES O. PAUL, CPA	CHARLES O. PAUL,	CPA11/12/19 if self-employed P00491201		
Preparer	Firm's name 🕨 CHARLES O. PAUL		Firm's EIN 75-2849913		
Use Only	Firm's address 🖌 7408 CONTINENTAI	L TRAIL			
	NORTH RICHLAND H	HILLS, TX 76182	Phone no.817-498-0884		
May the II	Aay the IRS discuss this return with the preparer shown above? (see instructions)				
832001 12-3	1-18 LHA For Paperwork Reduction Act Not	· · · · · · · · · · · · · · · · · · ·	s. Form 990 (2018)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	DEVELOPME	NT CORPORATION OF		
		OUNTY, INC	75-2791607	Page 2
Pa	t III Statement of Program Service	ce Accomplishments		
	Check if Schedule O contains a respo	nse or note to any line in this Part III		X
1	Briefly describe the organization's mission:			
	THE CORPORATION ACTS A	S A CATALYST FOR THE	HOLISTIC APPROACH TO	
	COMMUNITY AND ECONOMIC	DEVELOPMENT WITHIN	THE TARRANT COUNTY	
	GEOGRAPHIC REGION BY P	ROVIDING A LINK BETW	EEN LOCAL GOVERNMENT, PU	BLIC
			ND NONPROFIT ORGANIZATIO	
2	Did the organization undertake any significa			
_	• • •	···· p···· g····· ··· ··· ··· ··· ··· ··		s X No
	If "Yes," describe these new services on Sci			•
3	Did the organization cease conducting, or m			s X No
3	If "Yes," describe these changes on Schedu			
4	-			
4			rgest program services, as measured by expens	
			nts and allocations to others, the total expenses	s, and
	revenue, if any, for each program service rep		120	202
4a	(Code:) (Expenses \$	2,991. including grants of \$) (Revenue \$138 ULTI-FAMILY AND SINGLE-F.	<u>,203.</u>)
				AMILLI
	HOUSING, SEEKING AND D	EVELOPMENT OF REAL E;	STATE.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c		in the diam and the state		
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedu	ule O.)		
	(Expenses \$ incl	uding grants of \$) (Revenue \$)	
4e	Total program service expenses	2,991.		
			Eorm	990 (2018)

		DEVELOPMENT CORPORATION	OF
Form 990 (2018)	TARRANT COUNTY, INC	
Part IV	Che	ecklist of Required Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	A	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u></u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
•	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f	5			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Ра	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	LTU		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		<u> </u>
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b	<u> </u>	
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? If "Yes,"			.
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	\vdash	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c	\vdash	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	
Ра	Note. All Form 990 filers are required to complete Schedule O rt 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	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
		D		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

832004 12-31-18

Form 990 (2018)

TARRANT COUNTY, INC

	DEVELOPMENT	CORPORATION	OF
--	-------------	-------------	----

Form	990 (2018) TARRANT COUNTY, INC 75-2792	607	P	age 5
Pa				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 13b	-		
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

DEVELOPM	IENT	CORF	ORATION	OF
TARRANT	COUN	JTY,	INC	

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		3		
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
74	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	on		
9		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
000	tion D. Tonoico (mis section B requests information about policies not required by the internal nevenue code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the experimentian have a switten conflict of interest policy 0 if "No. " as to line 12	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ũ	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15a		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	•	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only	availa	able
.0	for public inspection. Indicate how you made these available. Check all that apply.	Jo only	, availe	
	Own website 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, ar	nd finan	cial	
19	statements available to the public during the tax year.	iu iiiali	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 817-870-9008			
	1509-B S. UNIVERSITY DR., NO. 208, FORT WORTH, TX 76107			

Form 990 (2018)

DEVELOPMENT (CORPORATION	OF
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Form 990 (2	2018)	TARRANT	COUNTY	, INC			75-25
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contra	ctors			

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

TARRANT COUNTY, INC

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

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

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	ia a a I	recto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-10130)		and related
	below	d ual t	Institutional trustee	L_	mplo)	st col	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			0
(1) CHARLIE PRICE	40.00									
PRESIDENT		х		x				126,284.	Ο.	0.
(2) FREDERICK G. SLABACH	1.00									
CHAIRMAN		х		x				0.	Ο.	0.
(3) DAVID MEDANICH	1.00									
VICE CHAIRMAN		х		x				0.	Ο.	0.
(4) DON WALKER	1.00									
TREASURER		Х		X				0.	0.	0.
(5) JUDITH O. SMITH	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JOAN KLINE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) GARY RANDLE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KELLY CURNUTT	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MIKE SADLIN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LORRAINE MILLER	1.00								_	_
DIRECTOR		Х						0.	0.	0.

	DEVELOPM	ENT CORI	POI	RAT	ΓIC	ΟN	OI	7						
Form 990 (2018)										75-2	791	607	Pa	ge 8
Part VII Sect	tion A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not c , unle	(C Pos heck ss pe	c) ition ^{more} rson i		one h an	(D) Reportable	(E) Reportable compensatio from related	n	am	(F) Estimated amount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga anc	pensat om the anizatio I relate nizatio	on ed
	continuation sheets to Part V	II, Section A							126,284. 0.		0.			0.
2 Total numb	lines 1b and 1c) ber of individuals (including but r							> 10 r	126 , 284 . received more than \$100	,000 of reportab	0. le			0.
compensa	tion from the organization												Yes	1 No
3 Did the org	anization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee,	or	highest compensated e	mployee on	[Tes	
	"Yes," complete Schedule J for s											3	_	X
,	dividual listed on line 1a, is the su d organizations greater than \$15									0		4		х
5 Did any pe	rson listed on line 1a receive or a othe organization? If "Yes," corr	accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	dual for services		5		x
	ependent Contractors		01	01 30	uch	pera	<u>.</u>					5		
1 Complete	this table for your five highest co										npens	ation fi	rom	
the organiz	zation. Report compensation for (A)					vith	or w	ithi	(B)			(C		
	Name and business	address	N	ONE	<u>-</u> :			_	Description of s	ervices	0	omper	nsation	1
								_						
								_						
	per of independent contractors (of compensation from the organi	e e	iot li	mite	d to		se lis D	steo	d above) who received n	nore than				

rm	990	(2018)	

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

Form	ו 990 (ג		NT COUNT	Y, INC			75-279	1607 Page 9
	rt VII	I Statement of Rever						
		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues						
ts,		Fundraising events						
Gif		Related organizations						
Sin',		Government grants (contributi	· · · · · · · · · · · · · · · · · · ·	1,183,578.				
er utic	t	All other contributions, gifts, grant		1,236.				
oti	~	similar amounts not included abov Noncash contributions included in lines		1,230.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			1,184,814.			
<u> </u>				Business Code	_ / _ /			
ė	2 a	CONTRACTING FEES		531390	307,157.	307,157.		
e rvic	b	DEVELOPER FEES	<u> </u>	531390	84,421.	84,421.		
a Se	с	OTHER		531390	1,236.	1,236.		
ram eve	d							
Program Service Revenue	е							
đ	f	All other program service reve	nue					
		Total. Add lines 2a-2f			392,814.			
	3	Investment income (including			F2 042			F2 042
		other similar amounts)			53,943.			53,943.
	4 5	Income from investment of tax Royalties						
	5	noyallies	(i) Real	(ii) Personal				
	6 a	Gross rents	5 6 0 0 0 1					
		Less: rental expenses	642,777.					
		Rental income or (loss)	-73,486.					
		Net rental income or (loss)		>	-73,486.	-73,486.		
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		729,500.				
	b	Less: cost or other basis						
		and sales expenses		910,625.				
	C	Gain or (loss)		-181,125.	101 105	101 105		
		Net gain or (loss)		▶	-181,125.	-181,125.		
anı	8 a	Gross income from fundraising including \$						
ver		including \$ contributions reported on line						
R		Part IV, line 18	-					
Other Revenue	b	Less: direct expenses						
0		Net income or (loss) from fund		►				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
	L	and allowances						
		Less: cost of goods sold Net income or (loss) from sales						
	U	Miscellaneous Revenu		Business Code				
	11 a	Wildebildhoods Hevenu	~					
	b							+
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions		►	1,376,960.	138,203.	0	53,943.

				01
Form 990 (2018)	TARRANT	COUNTY,	INC	75-
Part IX Statement of I	unctional E	xpenses		
Section 501(c)(3) and 501(c)(4)	organizations mu	ust complete all	columns. All oth	er organizations must complete column (A).

	Check if Schedule O contains a response tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	rants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21				
	arants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
3 (arants and other assistance to foreign				
0	rganizations, foreign governments, and foreign				
ir	ndividuals. See Part IV, lines 15 and 16				
4 E	enefits paid to or for members				
5 C	Compensation of current officers, directors,				
tı	rustees, and key employees	126,284.		126,284.	
6 C	ompensation not included above, to disqualified				
р	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 C	other salaries and wages	95,106.		95,106.	
	ension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 0	Other employee benefits	13,117.		13,117.	
10 F	ayroll taxes	14,589.		14,589.	
	ees for services (non-employees):				
aΝ	lanagement				
	egal				
	ccounting	26,215.		26,215.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A) amount, list line 11g expenses on Sch O.)				
	dvertising and promotion				
	Office expenses	5,363.		5,363.	
	nformation technology	- ,		-,	
	Royalties				
		11,226.		11,226.	
	ravel	11,226.		11,226.	
	ayments of travel or entertainment expenses	,			
	-				
	or any federal, state, or local public officials	4,018.		4,018.	
	· · · · · · · · · · · · · · · · · · ·	1,0101		1/0101	
	——————————————————————————————————————				
	Payments to affiliates	7,990.		7,990.	
		6,651.		6,651.	
	ther expenses. Itemize expenses not covered	0,051.		0,051.	
	bove. (List miscellaneous expenses in line 24e. If line				
2	4e amount exceeds 10% of line 25, column (A)				
т	mount, list line 24e expenses on Schedule 0.)	7,990.		7,990.	
-	ELEPHONE AND INTERNET	3,034.		3,034.	
	THER		1 000	1,202.	
		2,230.	1,028. 1,963.	L, 202•	
	DUES	1,963.	т,903.		
	Il other expenses	633.	0 001	633.	
	otal functional expenses. Add lines 1 through 24e	337,635.	2,991.	334,644.	0
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
С	heck here here if following SOP 98-2 (ASC 958-720)				

DEVELOPMENT CORPORATION OF TNO

Form	n 990 ()	2018) TARRANT COUNTY, INC			75-	2791607 Page 11
		Balance Sheet				<u></u>
		Check if Schedule O contains a response or note to any line in this Part X				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		678,740.	1	472,182.
	2	Savings and temporary cash investments		208,311.	2	211,299.
	3	Pledges and grants receivable, net			3	80,000.
	4	Accounts receivable, net		14,862.	4	17,458.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined u	nder			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	0 (51 000
Assets	7	Notes and loans receivable, net		1,751,029.	7	2,651,029.
-	8	Inventories for sale or use		420,415.	8	865,572.
	9	Prepaid expenses and deferred charges		15,883.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1,845,4	19/.	1 200 220		
	1	Less: accumulated depreciation		1,386,236.		1,400,750.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11	F		12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		534,183.	14	582,056.
	15	Other assets. See Part IV, line 11		5,009,659.	15	6,280,346.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		34,424.	16	119,420.
	17	Accounts payable and accrued expenses		J4,424.	17	119,420.
	18	Grants payable			18	<u> </u>
	19	Deferred revenue			19 20	<u> </u>
	20	Tax-exempt bond liabilities		13,640.	20	15,825.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	10,040.	21	13,023.	

	21	Escrow or custodial account liability. Complete Part IV of Schedule D	13,640.	21	15,825.
Se	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	355,819.	23	500,000.
	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		25	
	26	Total liabilities. Add lines 17 through 25	403,883.	26	635,245.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	4,605,776.	27	5,645,101.
3alé	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 📖			
P		and complete lines 30 through 34.			
Assets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	4,605,776.		5,645,101.
	34	Total liabilities and net assets/fund balances	5,009,659.	34	6,280,346.
					Form 990 (2018)

	DEVELOPMENT CORPORATION OF				
Form	990 (2018) TARRANT COUNTY, INC	75-2	791607	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
	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	<u>1,37</u> 33	6,9	60.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33'	7,6	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,03		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,60	5,7	76.
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	5,64	5,1	01.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2018)

SC	HE	DULE A								OMB No. 1545-0047
(Foi	(Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section								2018	
	4947(a)(1) nonexempt charitable trust.							2010		
		of the Treasury nue Service			Attach to Form 990 or F	orm 990-	EZ.			Open to Public
					v/Form990 for instruction		ne latest i	nformation.	F armel as some	Inspection
nam		the organizati		ANT COUNTY	RPORATION OF					identification number 5-2791607
Pa	rt I	Reason			All organizations must co	omplete th	is part.) S	ee instruction		5 2751007
					(For lines 1 through 12, o					
1			•		on of churches describe	-				
2					(Attach Schedule E (Forn			~ ~ ~ ~		
3					anization described in s e			ii).		
4		A medical res	earch organiz	ation operated in co	onjunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat								
5					ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
6				Complete Part II.)	mantal unit described in	nontion 17	70/6//4//4	()		
6 7	X				mental unit described in a antial part of its support f				he general	public described in
'		•		complete Part II.)	antial part of its support	ion a gov	ennenta		ine general	public described in
8					(1)(A)(vi). (Complete Par	t II.)				
9		-			d in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	e or
		university:								
10					e than 33 1/3% of its sup					
				• •	ect to certain exceptions,	.,				•
				mplete Part III.)	e (less section 511 tax) fr	om busine	sses acqu	lired by the o	rganization	after June 30, 1975.
11				. ,	sively to test for public sa	afety See	section 5)9(a)(4)		
12		-	-	-	sively for the benefit of, to	•			arry out the	e purposes of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	' giving
			•		egularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
	_	¬ ~		complete Part IV, S						
b					d or controlled in connec anization vested in the s					
			0	st complete Part IV,		arrie perso	ons that co	SILLIOI OF ITTALIA	age the sup	poned
с		¬ ۲	. ,	•	g organization operated	in connec	tion with.	and functiona	Illv integrate	ed with.
			-	•	s). You must complete I				, ,	,
d		Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection	with its suppo	rted organi	zation(s)
		that is not f	unctionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	- ·		,	mplete Part IV, Sections					
е			-		written determination fro			а Туре I, Туре	e II, Type III	
	Ent				onally integrated support					
g				n about the support	ed organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	I									

Schedule A (Form 990 or 990-EZ) 2018 TARRANT COUNTY, INC Part II Support Schedule for Organizations Described in

75-2791607 Page 2

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1208896.	875,344.	386,733.	11,087.	1184814.	3666874.
2	Tax revenues levied for the organ-						
	ization'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	1208896.	875,344.	386,733.	11,087.	1184814.	3666874.
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.						3666874.
	tion B. Total Support						00000710
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1208896.	875,344.	386,733.	11,087.	1184814.	3666874.
8	Gross income from interest,	12000901	0,0,0110	50077551	11,0070	11010111	
0							
	dividends, payments received on						
	securities loans, rents, royalties,	535,834.	530,209.	509,004.	171,852.	623,234.	2370133.
~	and income from similar sources	555,054.	550,205.	505,004.	1/1,052.	025,254.	Z370133.
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 VI.)						6037007.
	Total support. Add lines 7 through 10						,283,179.
	Gross receipts from related activities,	· ·	,				,203,1/9.
13	First five years. If the Form 990 is for	•	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u> </u>	organization, check this box and stor	bhere					▶∟
	ction C. Computation of Publ						<u> </u>
	Public support percentage for 2018 (•			14	60.74 %
	Public support percentage from 2017					15	54.20 %
1 6a	33 1/3% support test - 2018. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s 🕨 🗖

Schedule A (Form 990 or 990-EZ) 2018 TARRANT COUNTY, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20)18	(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 per- formed, 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 bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization'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								-
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
ł	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								_
	Add lines 7a and 7b								_
	Public support. (Subtract line 7c from line 6.)								
	endar year (or fiscal year beginning in)	(-) 0014	(1-) 0015	(-) 0010	(4) 0017	(-).0(10	(f) Tatal	
		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20	118	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
ł	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								_
	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 VI.)								
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, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,	
		-			-				
Se	ction C. Computation of Publi								
15	Public support percentage for 2018 (li	ne 8. column (f).	divided by line 13.	column (f))		15			%
	Public support percentage from 2017					16			%
	ction D. Computation of Inves					1.01			<u></u>
	Investment income percentage for 20					17			%
	Investment income percentage from 2		'			18			%
	a 33 1/3% support tests - 2018. If the			on line 14 and lin			nd line 1		70
130	more than 33 1/3%, check this box an	-							٦
	33 1/3% support tests - 2017. If the						3 1/20/	F 🗆	_
Ľ									٦
20	line 18 is not more than 33 1/3%, check								
20	Private foundation. If the organization	a ulu not check a		a, or 190, check t	THE DUX ATTU SEE IN	อเกินอยู่เอยาร	<u></u>	····· 🔽	_

DEVELOPMENT CORPORATION OF Schedule A (Form 990 or 990-EZ) 2018 TARRANT COUNTY, INC

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continuutor) from any of the following persons? Ves No 11 Has the organization accepted a gin or continuutor from any of the following persons described in (b) and (c) 11a i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i i	<u>Sch</u> e	dule A (Form 990 or 990-EZ) 2018 TARRANT COUNTY, INC 75	5-279160	<u>7</u> ра	ige 5
Yes No 1 Hest the organization accepted a gift or contribution from any of the following persons? A sperson who directly controls, either alone or together with persons described in (b) and (c) below, the gowerning body of a supported organization? 1 Image: Control (Control (Contro) (Contro) (Control (Contro) (Control (Control (Control (Contro		rt IV Supporting Organizations (continued)			ž
 a A person who directly controls, within a done or together with persons desorbed in (b) and (c) body. The goewing body of a supported organization? b A tamily member of a person desorbed in (b) above? c A 35% controlled mity of a person desorbed in (b) above? c A 35% controlled mity of a person desorbed in (b) above? c A 35% controlled mity of a person desorbed in (b) above? c A 35% controlled mity of a person desorbed in (b) above? c A 35% controlled mity of a person desorbed in (b) above? v estimation is directors, trustees, or membership of one or more supported organizations have the power to regulative above to regularity apport or elect at least a majority of the organization is directors or toustees at all times during the tax year? d bid the directors, trustees, or membership of one or more supported organization, advecting between the powers to apported organization is directors or toustees at all times during the tax year? d bid the organization are restrictions. <i>If any, applied to such powers during the tax year</i>? d bid the organization core to the benefit of any supported organization? d bid the organization operated to the benefit on any supported organization? d bid the organization supporting organization. Section C. Type II Supporting Organizations v era analyority of the organization is directors or trustees during the tax year allo a majority of the directors or trustees of each of the supporting organization. v anaagement of the aupporting organization was vested in the same persons that controlled or managed the organization supporting organization by the tax year? d bid the organization supporting Organizations, by the last day of the fifth morth of the organization supporting organization, was vested in the same persons that controlled or managed the aupporting organization was vested organization, the vester in the vester to theory of				Yes	No
bit with growering body of a supported organization? 11a b A hawly member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 9 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly sport or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No." describe in Part VI now the supported organization is directors or trustees were allocated among the supported organization, describe in the the growers to appoint and/or remove directors or trustees were allocated among the supported organization, describe in the the growers to appoint and/or remove directors or trustees were allocated among the supported organization, describe in the two powers or appoint and/or remove directors or trustees were allocated among the supported organization (b) that operated, supervised, or controlled the supporting organization had more than the supported organization (b) that operated, supervised, or controlled the supporting organization had more than the supported organization(b) that operated, supervised, or controlled the supporting organization had more than the supported organization (b) that operated, supervised, or controlled the supporting organization had more that and the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or management or trustees of each of the organization's supported organization's (b) were in the same person state controlled or management of the supported organization's (b) were in a supported organization's (b) were in a supported organization's (b) were in a supported organization's (b) were in the same trace in the same trace in the supported organization's (b) were in a supported organization's	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a period described in (a) above? c A 35% controlled entity of a period described in (b) or (b) above?/If 'Ves' to a, b, or c, provide detail in Part VI. Te c A 35% controlled entity of a period described in (b) or (b) above?/If 'Ves' to a, b, or c, provide detail in Part VI. Te c A 35% controlled the organizations and when supported organizations have the power to regularly appoint or elect at least a majority of the organization and more than one supported organization, describe how the powers to appoint and/or memore directors or trustes were allocated among the supported organization part and the organization and more than one supported organization, describe how the powers to appoint and/or more directors or trustes were allocated among the supported organization part of the benefit and and unit the supported organization of the trust and any supported organization of the Than the supported organization by the powers to appoint and/or management of the supporting organization execution c. Type II Supporting Organizations Fection D. All Type II Supporting Organizations Ves No Or trustees of each of the organization's directors or trustees when allocated and the directors or trustees of each of the organization's execution of the support organization (b) that operated, supervised, or controlled the supporting organization (b) the directors or trustees of each of the organization's directors or trustees during the tax year. 1 Were any of the organization's directors or trustees during the tax year allo a managed the supporting organization's use were the directors or trustees or the date of notification, and (i) copies of the organization's during the supporting organization's the trust of the directors or trustees of each of the supporting Organizations. 2 Use No 3 Were any of the organization's directors or trustees either (i) apponting organization's the support of organization's trustees or each of the organization's during the support of organization's support of organizat	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization and explain how these activities. Yes No b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's novement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b 3a a Did the organization have the power to regularly appoint or elect a majority of the officers, or trustees of each of the supported organizations? Provide details in Part VI. 3a					
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		20		
	h		Ja		
	5		3b		

Schedule A (Form 990 or 990-EZ) 2018 TARRANT COUNTY, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
		6		
7	emergency temporary reduction (see instructions)	-		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

	dule A (Form 990 or 990 EZ) 2018 TARRANT COUNT	Y, INC		75-2791607 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	1
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	· · · ·		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

DEVELOPM	IENT	CORF	ORATION	OF
TARRANT	COUN	JTY,	INC	

Schedule A	(Form 990 or 990-EZ	7 2018 TARRA	NT COUNTY	, INC		75-2791607 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5, 0	Information. F lines 1, 2, 3b, 3c, 4 ion D, lines 2 and	Provide the explana 4b, 4c, 5a, 6, 9a, 9k 3; Part IV, Section	itions required o, 9c, 11a, 11 E, lines 1c, 2a	d by Part II, line 10; Part II, line 1 b, and 11c; Part IV, Section B, li ı, 2b, 3a, and 3b; Part V, line 1; l lso complete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions.)				· · · ·	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the organizatio	on		
	DEVELOPMENT	CORPORATION	OF

TARRANT COUNTY, INC

_	_				_	-	_
7	5-	-2'	79	1	6	0	7

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

75-2791607

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	CITY OF ARLINGTON 101 W ABRAM ST ARLINGTON, TX 76010	\$ <u>230,980.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ARLINGTON TOMORROW FOUNDATION PO BOX 90231 MS 01-0370 ARLINGTON, TX 76004	\$ <u>60,599.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	WELLS FARGO 201 MAIN STREET, SUITE 200 FORT WORTH, TX 76102	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	TARRANT COUNTY COMMUNITY DEVELOPMENT1509 S UNIVERSITY SR, STE 278FORT WORTH, TX 76107	\$ <u>800,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll On Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)
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Name of organization DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

75-2791607

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 9	90, 990-EZ,	or 990-PF)	(2018)
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Pa	ane	4

Name of or DEVEL	rganization OPMENT CORPORATION OF NT COUNTY, INC			Employer identification number	
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 o	entry For organization), or (10) that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, a	(e) Transfer of g		p of transferor to transferee	
(a) Na					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, address, a	(e) Transfer of g		p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of g			
	Transferee's name, address, a	nd ZIP + 4	Kelationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

SCHEDULE D		Supplement	al Financial Statements	c		OMB No. 1545-0047
(Form 990)		Complete if the org			2018	
. ,		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inforn	nation.		Inspection
Nam	e of the organizati				Emp	oloyer identification number
		TARRANT COUNTY, IN				75-2791607
Pa		ations Maintaining Donor Advise		s or A	ccou	Ints.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir				
	-		(a) Donor advised funds	(1) Fun	ds and other accounts
1		nd of year				
2		of contributions to (during year)				
3 4		of grants from (during year)				
5		on inform all donors and donor advisors in		sed fun	de	
Ŭ	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
		poses and not for the benefit of the donor of				
	impermissible priv		· · · · ·		-	Yes No
Pa	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).			
	Preservation	n of land for public use (e.g., recreation or e	education)	torically	impor	tant land area
		of natural habitat	Preservation of a cert	tified his	storic s	structure
		n of open space				
2	-	through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nserva	
	day of the tax yea				-	Held at the End of the Tax Year
a L		onservation easements			2a	
b		ricted by conservation easements			2b 2c	
C d		vation easements on a certified historic str vation easements included in (c) acquired		r	20	
u		nal Register			2d	
3		vation easements modified, transferred, re				during the tax
-	year ►			e ergun		
4	Number of states	where property subject to conservation ea	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and ent	forcement of the conservation easements	it holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	iservatio	on eas	ements during the year
	►					
7		ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation ea	semer	nts during the year
•	►\$				\ <i>(</i>)	
8		vation easement reported on line 2(d) abo				Yes No
9)(4)(B)(ii)? be how the organization reports conservat				
5		ole, the text of the footnote to the organization	•			
	conservation ease				jai neat	lion o doodanting for
Pa		ations Maintaining Collections o	f Art, Historical Treasures, or C	Other S	Simila	ar Assets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment an	nd bala	ance sheet works of art,
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furthera	ance of	public	service, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descr	ibes these items.			
b	-	elected, as permitted under SFAS 116 (AS				
		r similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic ser	vice, p	provide the following amounts
	relating to these it					•
		ided on Form 990, Part VIII, line 1				\$
~	.,					\$
2	-	received or held works of art, historical tre		ai gain, j	provid	e
-	-	unts required to be reported under SFAS 1 I on Form 990, Part VIII, line 1				\$
		n Form 990, Part VIII, line T				
		11 onn 000, 1 alt A				Ψ

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990
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	_	MENT CORPO		ON OF					
Sche	dule D (Form 990) 2018 TARRANT	COUNTY, I	NC				75-	-2791607	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar A	ssets(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sig	nificant use	of its collection	items
	(check all that apply):								
а	Public exhibition	c	1 L	Loan or exc	hange progra	ams			
b	Scholarly research	e			0.0				
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how tl	nev further t	he organizati	ion's exem	not nurnose i	n Part XIII	
5	During the year, did the organization solicit of								
Ŭ	to be sold to raise funds rather than to be ma							Yes	
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			organizatio	in answered	163 011	0111 330, 1 a	rt iv, inte 3, of	
10	Is the organization an agent, trustee, custod		diany for	contribution	as or other as	sects not i	acludad		
Id								Yes	X No
	on Form 990, Part X?								
D	If "Yes," explain the arrangement in Part XIII	and complete the to	bilowing	table:					
								Amount	
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for	escrow or c	ustodial acco	ount liabilit	y?	📖 Yes	X No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Par	t IV, line 10).		
		(a) Current year	(b) F	rior year	(c) Two yea	rs back 🛛 🕻	d) Three years	back (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance				1				
2	Provide the estimated percentage of the cur	rent vear end balan	l na (lina 1	a column ()) held as:				
ے a	Board designated or guasi-endowment	rent year end baland	%	g, column (a					
	o 1 ,	%							
b	Permanent endowment								
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
за	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	ered for th	e organizatio		
	by:								es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a. S	See Form 990), Part X, I	ine 10.		
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Acc	cumulated	(d) Book	value
	· · ·	basis (investi	ment)	basis	(other)	depi	reciation		
1a	Land			26	8,000.			268	,000.
	Buildings				3,373.	4	31,570		
	Leasehold improvements				-			1	-
	Equipment			1	4,124.		13,177		947.
	Other				, _ .		- , =	1	
	Add lines 1a through 1e. (Column (d) must e		X colu	nn (R) line 1	10c)		•	1,400	.750.
TOLD	\cdot \neg uu iiiles ta tiiluugit te. (Uuluitiit (u) tilust e	guari uni 330, Parl	л, coiui	ו שווו ,נטן וווי			<u> 🚩</u>	, _, _,	,,

Schedule D (Form 990) 2018

DEVELOPMENT	CORF	ORATION	OF

Schedule D (Form 990) 2018 TARRANT C	COUNTY, INC		75-2791607 Page 3
Part VII Investments - Other Securities	·-		
Complete if the organization answered "		, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of secu	rity) (b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.			
Part VIII Investments - Program Related	d.		
Complete if the organization answered "	Yes" on Form 990, Part IV		
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX Other Assets.			
Complete if the organization answered "		, line 11d. See Form 990,	
	(a) Description		(b) Book value
(1) ACCRUED INTEREST			582,056.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)		▶ 582,056.
Part X Other Liabilities.			
Complete if the organization answered "	Yes" on Form 990, Part IV		1 990, Part X, line 25.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (b)	B) line 25.) 🕨		
2. Liability for uncertain tax positions. In Part XIII, pro	ovide the text of the footn	ote to the organization's fi	nancial statements that reports the
organization's liability for uncertain tax positions u		-	· · · · · · · · · · · · · · · · · · ·

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 TARRANT COUNTY , IN	C	75-2791607	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Finan	cial Statements With Reven		
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial state	ments	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			
Pa	rt XII Reconciliation of Expenses per Audited Fina	•	nses per Return.	
	Complete if the organization answered "Yes" on Form 990,		i	
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:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	3			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa	art I, line 18.)		
Pa	rt 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.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



75-2791607

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

TARRANT COUNTY, INC

DEVELOPMENT WITHIN THE TARRANT COUNTY GEOGRAPHIC REGION BY PROVIDING A

LINK BETWEEN LOCAL GOVERNMENT, PUBLIC FINANCING INSTITUTIONS, PRIVATE

LENDERS, AND NONPROFIT ORGANIZATIONS UNDERTAKING COMMUNITY-BASED

PROJECTS.

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

UNDERTAKING COMMUNITY-BASED PROJECTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SUBMITTED TO THE BOARD FOR REVIEW BEFORE FILING WITH QUESTIONS

BEING DIRECTED TO THE PRESIDENT TO OBTAIN AND PROVIDE ANSWERS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD AND THE PRESIDENT MONITOR COMPLIANCE WITH THE CONFLICT POLICY TO ENSURE THAT ALL TRANSACTIONS APPROVED ARE WITH INDEPENDENT COMPANIES AND TO ENSURE THAT ALL BOARD MEMBERS ARE INDEPENDENT AND REMAIN AS SUCH DURING THEIR TENURE.

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

COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS WITH FEEDBACK FROM TARRANT COUNTY OFFICIALS. A COMPARABILITY STUDY WAS PERFORMED IN 2009 WITH THE EXPECTATION THAT ADDITIONALY STUDIES WILL BE CONDUCTED ON A PERIODIC BASIS.

FORM 990, PART VI, SECTION C, LINE 18:

Sched	ule O	(Form	990 or	990-E	Z) (2	2018)									Page 2
Name	of the	e orgar	nization								TION OF				Employer identification number
				ΤA	ARI	RAN	T (COUN	ΨΥ,	INC					75-2791607
THE	OR	GAN	IZAT	IOI	1 1	MAK	ES	ALL	OF	ITS	DOCUMENT	'S Z	AVAILABLE	UPON	I REQUEST.
FORM	<u>v</u> 9	90,	PAF	хт т	JI,	, s	EC	FION	С,	LIN	E 19:				
												S	AVATLARLE	UPON	I REQUEST.
	01	.0111							01	110	DOCUMENT			0101	