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

November 15, 2022

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC 1509-B S. University Dr. 208 FORT WORTH, TX 76107

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC:

Enclosed is the organization's 2021 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-TE 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-TE 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, 2021

Prepared for	DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC 1509-B S. University Dr. 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-TE 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-TE to me as soon as possible.

Form	g	9	0
FOUL	-	-	-

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022

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.



Α	For th	e 2021 calendar year, or tax year beginning and	d ending		
В	Check if applicat	C Name of organization		D Employer identific	ation number
_		DEVELOPMENT CORPORATION OF			
	Addr chan				
	Nam chan	Doing business as	-	75-27916	07
	Initia	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite		
	Final returi termi		208	817-870-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,648,649.
Ļ				H(a) Is this a group re	
	Appli tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X 501(c)(3) 501(c)() < (insert no.) 4947(a)(1)$) or 52	,,,	list. See instructions
		te: ► NA forganization: X Corporation Trust Association Other ►		H(c) Group exemption	
		f organization: X Corporation Trust Association Other Summary	L Year	r of formation: 1990 N	State of legal domicile: ${f T}{f X}$
F	T	Briefly describe the organization's mission or most significant activities: THE	CORDO	RATTON ACTS	
Activities & Governance	1	CATALYST FOR THE HOLISTIC APPROACH TO CO		TY AND ECONO	MTC
nar	2	Check this box \blacktriangleright if the organization discontinued its operations or dispo			
ver	3				9 Sels.
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			9
s S	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3
itie	6	Total number of volunteers (estimate if necessary)			0
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		619,517.	857,085.
Revenue	9	Program service revenue (Part VIII, line 2g)		401,364.	350,569.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-31,076.	-297,625.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-175,122.	26,365.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		814,683.	936,394.
	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		225,372.	271,420.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25)	0.	07 400	105 510
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		97,486.	125,513.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		322,858.	396,933.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		491,825.	539,461.
ts or		Tatal accests (Dart V, line 10)		eginning of Current Year 6 , 721 , 898 .	End of Year 8,192,985.
Asse	20	Total assets (Part X, line 16)		790,936.	1,722,562.
Net Assets	21	Total liabilities (Part X, line 26)		5,930,962.	6,470,423.
	<u>. 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		5,550,502.	0, 10, 10, 10,

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					
Paid	Print/Type preparer's name CHARLES O. PAUL, CPA	Preparer's signature CHARLES O. PAUL,	Date CPA11/15/22	PTIN 00491201				
Preparer	Firm's name 🕨 CHARLES O. PAUL	CPA	Firm's EIN ► 75-	2849913				
Use Only	Firm's address 7408 CONTINENTAI	J TRAIL						
	NORTH RICHLAND HILLS, TX 76182 Phone no.817-498-0884							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
	12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	DEVELOPMENT CORPORATI		
	990 (2021) TARRANT COUNTY, INC	75-2791	607 Page 2
Pa	t III Statement of Program Service Accomplishme		
	Check if Schedule O contains a response or note to any line in	۱ this Part III	X
1	Briefly describe the organization's mission:		
	THE CORPORATION ACTS AS A CATALYST		
	COMMUNITY AND ECONOMIC DEVELOPMENT		
	GEOGRAPHIC REGION BY PROVIDING A I	-	
	FINANCING INSTITUTIONS, PRIVATE LE		TIONS
2	Did the organization undertake any significant program services dur	ng the year which were not listed on the	
		L	Yes X No
	If "Yes," describe these new services on Schedule O.	-	
3	Did the organization cease conducting, or make significant changes	in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for e		
	Section 501(c)(3) and 501(c)(4) organizations are required to report	he amount of grants and allocations to others, the total exp	censes, and
	revenue, if any, for each program service reported.		10 640
4a	(Code:) (Expenses \$4, 289. including gra	nts of \$) (Revenue \$	12,640.)
	ACTIVITIES RELATED TO THE DEVELOPM		E-FAMILY
	HOUSING, SEEKING AND DEVELOPMENT C	F REAL ESTATE.	
4b	(Code:) (Expenses \$ including gra	nts of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including gra	Ints of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,289.		
			Form 990 (2021)

Form 990 (2021)	TARRANT COUNTY, INC						
Part IV Checklist of Required Schedules							

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	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,			
	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 donor-restricted endowments			
	or in 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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

 Form 990 (2021)
 TARRANT COUNTY, IN

 Part IV
 Checklist of Required Schedules (continued)

75-2791607	Page 4
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			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			v
~ ~	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			x
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
ا م	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		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			37
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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?	330		
50	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	00		
0,	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 on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			. <u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21	Form	990	(2021)

	DEVELOPMENT CORPORATION OF
021)	TARRANT COUNTY, INC
Staten	nents Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		x
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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		X
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:			
a	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 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12G		
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u>-</u> -
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2021)

Part V

DEVELOPN	1ENT	CORE	PORATION	OF
TARRANT	COUN	νTΥ,	INC	

X

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 on Schedule O. See instructions.

							X						
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		9									
	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 on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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 th	ne dire	ct supervision										
	of officers, directors, 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 wa	as filed?		4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		Х						
6	Did the organization have members or stockholders?				6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or										
	more members of the governing body?												
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or												
	persons other than the governing body?												
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye												
а	The governing body?				8a	Х							
b	Each committee with authority to act on behalf of the governing body?			. [8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read												
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code.)										
						Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			. 1	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	rs, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	l0b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	1	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			. [1	l2a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	. 1	l2b	Х							
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")	/es," d	escribe										
	on Schedule O how this was done			. [1	l2c	Х							
13	Did the organization have a written whistleblower policy?				13	Х							
14	Did the organization have a written document retention and destruction policy?				14		Х						
15	Did the process for determining compensation of the following persons include a review and approv	al by ii	ndependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?											
а	The organization's CEO, Executive Director, or top management official			. [1	15a	Х							
b	Other officers or key employees of the organization			. [1	l5b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a										
	taxable entity during the year?			. [1	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	on's										
	exempt status with respect to such arrangements?			. 1	l6b								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (section 501(c	(3)s	only)	availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.												
	Own website Another's website X Upon request Other (explain	n on So	chedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy,	and	finan	icial							
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records 🕨										
	THE ORGANIZATION - 817-870-9008												
	1509-B S. UNIVERSITY DR., 208, FORT WORTH, TX 761	L07											

DEVELOPMENT C	ORPORATION OF
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Form 990 (2021)	TARRANT	COUNTY,	INC			75-2
Part VII	Compensation	of Officers,	Directors, 1	Frustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contract	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	n/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st cor yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizatione
(1) CHARLIE PRICE	40.00	_	_	0	-					
PRESIDENT		х		х				132,457.	0.	Ο.
(2) DAVID MEDANICH	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) DON WALKER	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) KELLY CURNUTT	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(5) JUDITH O. SMITH	1.00									•
SECRETARY		Х		Х				0.	0.	0.
(6) FREDERICK SLABACH	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(7) MIKE SANDLIN	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(8) GLENDA DREXEL	1.00	v						0.	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(9) LORRAINE MILLER DIRECTOR	1.00	x						0.	0.	0.
(10) ESTRUS TUCKER	1.00	^						0.	0.	0.
DIRECTOR	1.00							0.	0.	0.
								0.	•	U •
										- 000 (222)

	DEVELOPME	ENT CORI	201	RA.	FIC	ΟN	OI	7						
	990 (2021) TARRANT (75-2	791	607	Pa	ge 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st (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 compensatic from related	on	am	(F) timated ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	is SC/	comp fro orga anc	pensat om the anizatio I relate nizatio	on ed
			-											
с	Subtotal Total from continuation sheets to Part VI	I, Section A							132,457. 0. 132,457.		0.0.			0.0.0
2	Total (add lines 1b and 1c) Total number of individuals (including but n							no r	-	,000 of reportab	-			
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer,	director, trust	ee, l	key e	empl	loye	e, oi	^r hiç	ghest compensated emp	oloyee on			Tes	NO
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
	For any individual listed on line 1a, is the su and related organizations greater than \$150	•								0		4		х
	Did any person listed on line 1a receive or a											4		
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .				<u></u>	5		Х
	ion B. Independent Contractors													
	Complete this table for your five highest con the organization. Report compensation for t										npensa	ation fi	rom	
	(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	C	(C omper) Isation	I
	Total number of independent contractors (ii \$100,000 of compensation from the organiz	, and the second s	iot li	mite	d to		se li: 0	steo	d above) who received m	nore than				

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

Contributions, Girts, Grants and Other Similar Amounts	t V	/111	Statement of Re Check if Schedule O								
mounts			Check if Schedule O	conta	aina a raa						
mounts					ains a res	ponse	or note to any lin	e in this Part VIII			
wounts								(A)	(B)	(C)	(D)
, טרמוזנא mounts								Total revenue	Related or exempt		Revenue exclu from tax und
, urants mounts									function revenue	business revenue	sections 512 -
mount	_				<u> </u>	1					
			Federated campaigns			-					
<u>, 5</u> 1			Membership dues								
ן>מ		С	Fundraising events		1c						
<u>a</u>		d	Related organizations		1d						
<u>a</u> .e		е	Government grants (contr	ributi	ions) 1e		750,808.				
<u>s</u> s		f	All other contributions, gifts,	grant	ts, and						
l he n			similar amounts not included				106,277.				
Ö			Noncash contributions included in			\$	·				
		-						857,085.			
<u> </u>		n	Total. Add lines 1a-1f					037,003.			
							Business Code				
3	2		DEVELOPER FEES				531390	220,485.	220,485.		
Revenue		b	ASSET MANAGEMENT FE	ES			531390	57,000.	57,000.		
		с	PPP LOAN FORGIVENES	S			531390	37,486.	37,486.		
e š		d	GENERAL CONTRACT MA	NAGI	EMENT AI	ID O	531390	35,598.	35,598.		
5		е									
É			All other program service	reve	nue						
			Total. Add lines 2a-2f					350,569.			
								550,505.			
	3		Investment income (includ	0		,	,				
			other similar amounts)					66,669.			66,6
	4		Income from investment of	of tax	k-exempt	pond p	oroceeds 🕨				
	5		Royalties	. <u></u>			🕨				
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a	603	,276.					
			Less: rental expenses	6b	576	,911.					
			Rental income or (loss)	6c		,365.					
			Net rental income or (loss)			-		26,365.	26,365.		
				″ <u> </u>	(i) Secu		(ii) Other	20,000.	20,000.		
	'		Gross amount from sales of	I_	() Secu	nues					
			assets other than inventory	7a			771,050.				
~			Less: cost or other basis								
enue			and sales expenses	7b			1135344.				
		С	Gain or (loss)	7c			-364,294.				
Other Rev			Net gain or (loss)			<u></u>	🕨	-364,294.	-364,294.		
Je	8	а	Gross income from fundraisi	ng ev	ents (not						
5			including \$		-						
			contributions reported on								
			Part IV, line 18		-	8a					
		h				. 0a 8b					
			Less: direct expenses								
			Net income or (loss) from		•		····· ►				
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses			. 9b					
			Net income or (loss) from				►				
H	10	а	Gross sales of inventory, I	less	returns						
			and allowances			10a					
		h	Less: cost of goods sold			10b					
+		U	Net income or (loss) from	sales	s or inven						
							Business Code				
2 el 1	11	а									
evenue		b									
€ e		с									
		d	All other revenue								
Revenue											
		е	Total. Add lines 11a-11d				💌 🗸				

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons le amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, a	nd 10b of Part VIII.	rotarexpenses	expenses	general expenses	Fundraising expenses
1 Grants ar	nd other assistance to domestic organizations				
and dom	estic governments. See Part IV, line 21				
	and other assistance to domestic				
individu	als. See Part IV, line 22				
	and other assistance to foreign				
	ations, foreign governments, and foreign				
	als. See Part IV, lines 15 and 16				
	paid to or for members				
	nsation of current officers, directors,	100 457		122 457	
	, and key employees	132,457.		132,457.	
-	sation not included above to disqualified				
	(as defined under section 4958(f)(1)) and				
	described in section 4958(c)(3)(B)	00 515		00 515	
	alaries and wages	80,515.		80,515.	
	plan accruals and contributions (include				
	01(k) and 403(b) employer contributions)	42,156.		42,156.	
	nployee benefits	<u>42,156</u> 16,292.		42,156.	
	axes	10,292.		10,292.	
	services (nonemployees):				
	ment	2,798.		2,798.	
		38,200.		38,200.	
		50,200.		30,200.	
	g				
	onal fundraising services. See Part IV, line 17				
	ent management fees				
•	f line 11g amount exceeds 10% of line 25,				
	A), amount, list line 11g expenses on Sch O.)	22,594.		22,594.	
	ing and promotion	29,316.		29,316.	
		29,510.		29,510.	
	tion technology				
	s	7,609.		7,609.	
		16,690.		16,690.	
		10,050.		10,050.	
	ts of travel or entertainment expenses				
	ederal, state, or local public officials				
	nces, conventions, and meetings				
20 Interest	ts to affiliates				
	ation, depletion, and amortization				
22 Deprecia 23 Insurano					
	ce				
above. (L	ist miscellaneous expenses on line 24e. If				
	amount exceeds 10% of line 25, column (A), list line 24e expenses on Schedule 0.)				
a DUES	· · / –	4,289.	4,289.		
	PHONE AND INTERNET	2,005.	_,205.	2,005.	
-	TING, POSTAGE AND D	1,259.		1,259.	
	CHARGES	753.		753.	
	rexpenses				
	ctional expenses. Add lines 1 through 24e	396,933.	4,289.	392,644.	C
	ts. Complete this line only if the organization		_,,		
	in column (B) joint costs from a combined				
-	nal campaign and fundraising solicitation.				
Check here					

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

1 Cas 2 Savi 3 Plec 4 Acc 5 Loar 6 Loar 0 Trus 6 Loar 0 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Other 16 Totar 19 Defe 20 Tax- 21 Escr 22 Loar trus contract	d, buildings, and equipment: cost or other	former of antial co e persol ied persol d in sect 10a 10a	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	(A) Beginning of year 334,623. 405,024. 80,000. 2,651,029. 1,587,508. 35,058.	1 2 3 4 5 6 7 8 9	(B) End of year 467,419, 412,886, 688,748, 2,623,369, 2,271,749,
2 Savi 3 Plect 4 Acc 5 Loar 6 Loar 6 Loar 7 Note 8 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Othd 16 Tota 20 Tax- 21 Esci 22 Loar trus contra	rings and temporary cash investments dges and grants receivable, net sounts receivable, net ins and other receivables from any current or stee, key employee, creator or founder, subst trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net entories for sale or use paid expenses and deferred charges id, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	former of antial co e persol ied pers d in sect 10a 10a	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	Beginning of year 334,623. 405,024. 80,000. 2,651,029. 1,587,508.	2 3 4 5 6 7 8	End of year 467,419. 412,886. 688,748. 2,623,369. 2,271,749.
2 Savi 3 Plect 4 Acc 5 Loar 6 Loar 6 Loar 7 Note 8 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Othd 16 Tota 20 Tax- 21 Esci 22 Loar trus contra	rings and temporary cash investments dges and grants receivable, net sounts receivable, net ins and other receivables from any current or stee, key employee, creator or founder, subst trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net entories for sale or use paid expenses and deferred charges id, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	former of antial co e persol ied pers d in sect 10a 10a	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	405,024. 80,000. 2,651,029. 1,587,508.	2 3 4 5 6 7 8	412,886. 688,748. 2,623,369. 2,271,749.
2 Savi 3 Plect 4 Acc 5 Loar 6 Loar 6 Loar 7 Note 8 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Othd 16 Tota 20 Tax- 21 Esci 22 Loar trus contra	rings and temporary cash investments dges and grants receivable, net sounts receivable, net ins and other receivables from any current or stee, key employee, creator or founder, subst trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net entories for sale or use paid expenses and deferred charges id, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	former of antial co e persol ied pers d in sect 10a 10a	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	80,000. 2,651,029. 1,587,508.	3 4 5 6 7 8	688,748. 2,623,369. 2,271,749.
3 Plec 4 Acc 5 Loar 6 Loar 0 Trus 6 Loar 0 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Other 16 Totar 20 Tax- 21 Esci 22 Loar trus contract	dges and grants receivable, net	former of antial cc e persori ied persori d in sect 10a 10b	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	2,651,029. 1,587,508.	4 5 6 7 8	2,623,369
4 Acc 5 Loan 6 Loan 7 Note 8 Inve 9 Prep 10a Land basi basi 11 Inve 12 Inve 13 Inve 14 Inta 15 Othe 16 Tota 19 Defe 20 Tax- 21 Esci 15 Contract 16 Tota 17 Acc 18 Gran 20 Tax- 21 Esci 22 Loan trus contract	counts receivable, net	former of antial co e persol ied persol d in sect 10a 10a	officer, director, ontributor, or 35% ns ons (as defined on 4958(c)(3)(B)	1,587,508.	5 6 7 8	2,623,369 2,271,749
5 Loai coni trus: coni coni 6 Loai und und 7 Note 8 Inve 9 Prep 10a Land b Less 11 Inve 12 Inve 13 Inve 14 Inta 15 Othe 16 Tota 19 Defe 20 Tax- 21 Esci trus: cont	Ins and other receivables from any current or stee, key employee, creator or founder, subst trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net	former of antial ccc e persor ied persor d in sect 10a 10a	officer, director, Intributor, or 35% Ins Ins (as defined In 4958(c)(3)(B)	1,587,508.	6 7 8	2,623,369 2,271,749
6 Loar 6 Loar 10 Rame 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Other 16 Totar 20 Tax- 21 Escriter 22 Loar trus contract	trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	e persoi ied pers d in sect 10a 10b	ns ons (as defined on 4958(c)(3)(B)	1,587,508.	6 7 8	2,623,369 2,271,749
6 Loar 6 Loar 10 Rame 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Other 16 Totar 20 Tax- 21 Escriter 22 Loar trus contract	trolled entity or family member of any of thes ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	e persoi ied pers d in sect 10a 10b	ns ons (as defined on 4958(c)(3)(B)	1,587,508.	6 7 8	2,623,369 2,271,749
6 Loar 7 Note 8 Inver 9 Prep 10a Land b Less 11 Inver 12 Inver 13 Inver 14 Intar 15 Othor 16 Tota 20 Tax- 21 Escu 22 Loar trus contra	Ins and other receivables from other disqualif ler section 4958(f)(1)), and persons described es and loans receivable, net	ied pers d in sect 10a 10b	ons (as defined on 4958(c)(3)(B)	1,587,508.	7 8	2,623,369 2,271,749
7 Note 8 Inve 9 Prep 10a Land basis b Less 11 Inve 12 Inve 13 Inve 14 Intal 15 Other 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escu 22 Load trus control	es and loans receivable, net entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10a 10b		1,587,508.	7 8	2,623,369 2,271,749
7 Note 8 Inve 9 Prep 10a Land basis b Less 11 Inve 12 Inve 13 Inve 14 Intal 15 Other 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escu 22 Load trus control	es and loans receivable, net entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10a 10b		1,587,508.	8	2,623,369 2,271,749
8 Inve 9 Prep 10a Land basi basi b Less 11 Inve 12 Inve 13 Inve 14 Inta 15 Other 16 Tota 19 Defe 20 Tax- 21 Escuration trust contract	entories for sale or use paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10a 10b				2,271,749
9 Prep 10a Landbasi b Less 11 Inve 12 Inve 13 Inve 14 Intai 15 Other 16 Tota 19 Defet 20 Tax- 21 Esco trus cont	paid expenses and deferred charges d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10a 10b		35,058.	~	
basi b Less 11 Inve 12 Inve 13 Inve 14 Inta 15 Oth 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escu 22 Loau trus com	d, buildings, and equipment: cost or other is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10a 10b			9	45,643
basi b Less 11 Inve 12 Inve 13 Inve 14 Inta 15 Oth 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escu 22 Loau trus com	is. Complete Part VI of Schedule D s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10b	1,994,146.			
b Less 11 Inve 12 Inve 13 Inve 14 Intal 15 Othe 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escu 22 Loan trus cont	s: accumulated depreciation estments - publicly traded securities estments - other securities. See Part IV, line 1	10b				
11Inve12Inve13Inve14Intai15Other16Tota17Acc18Gran19Defe20Tax-21Esci22Loaitruscont	estments - publicly traded securities estments - other securities. See Part IV, line 1		890,691.	947,855.	10c	1,103,455
12Inve13Inve14Inta15Other16Tota17Acc18Gran19Defe20Tax-21Esci22Loaitruscont	estments - other securities. See Part IV, line 1				11	
13Invert14Intal15Other16Total17Acc18Gran19Defe20Tax-21Esco22Loantrustcont					12	
14 Intar 15 Other 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escr 22 Loan trust control					13	
15 Othe 16 Tota 17 Acc 18 Gran 19 Defe 20 Tax- 21 Escra 22 Loar trus cont	ingible assets				14	
16Tota17Acc18Grai19Defe20Tax-21Esci22Loaitruscont	er assets. See Part IV, line 11			680,801.	15	579,716
17Acc18Gran19Defe20Tax-21Esci22Loaitruscont	al assets. Add lines 1 through 15 (must equa			6,721,898.	16	8,192,985
18Gran19Defe20Tax-21Esci22Loaitrustruscont	counts payable and accrued expenses			3,221.	17	49,736
19Defe20Tax-21Esci22Loaitrustruscont	nts payable				18	
20 Tax- 21 Esci 22 Loai trus cont	erred revenue			19		
21 Esci 22 Loan trus cont	-exempt bond liabilities		20			
trus cont	row or custodial account liability. Complete F			21	13,155	
trus com 23 Sec	ns and other payables to any current or form	r, director,				
con [.] 23 Sec	tee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
23 Sec	trolled entity or family member of any of thes	e persoi	าร		22	
	ured mortgages and notes payable to unrela	ted third		787,715.	23	1,659,671
24 Uns	secured notes and loans payable to unrelated	d third pa	arties		24	
25 Othe	er liabilities (including federal income tax, pay	yables to	o related third			
part	ties, and other liabilities not included on lines	17-24).	Complete Part X			
of S	Schedule D				25	
	al liabilities. Add lines 17 through 25			790,936.	26	1,722,562
Org	anizations that follow FASB ASC 958, che	ck here				
5 and	l complete lines 27, 28, 32, and 33.					
27 Net	assets without donor restrictions			5,930,962.	27	6,470,423
28 Net	assets with donor restrictions		28			
j Org	anizations that do not follow FASB ASC 9	58, chec	k here 🕨 🛄			
and	l complete lines 29 through 33.					
29 Cap	bital stock or trust principal, or current funds				29	
30 Paic	d-in or capital surplus, or land, building, or eq	uipment	fund		30	
and 27 Net 28 Net 28 Net 29 Cap 30 Paic 31 Retain 32 Total		come, o	other funds		31	
32 Tota	ained earnings, endowment, accumulated inc			5,930,962.	32	6,470,423
	ained earnings, endowment, accumulated ind al net assets or fund balances			6,721,898.	33	8,192,985

Form 990 (2021)

	DEVELOPMENT CORPORATION OF									
Form	990 (2021) TARRANT COUNTY, INC	75-27	791607	Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1			94.					
2	Total expenses (must equal Part IX, column (A), line 25)	2			33.					
3	Revenue less expenses. Subtract line 2 from line 1	3	53 5,93		61.					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
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 on Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,									
	column (B))	10	6,47	0,4	23.					
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 on Schedul	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?		2 b		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e 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 on Sc	nedule O.								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit									
	Act and OMB Circular A-133?		3a		X					
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 on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b							
				000						

SC	HEC	DULE A								OMB No. 1545-0047				
(Fo	rm 99	0)			arity Status an					2021				
			UC CC		anization is a section 50 [.] 947(a)(1) nonexempt cha			or a section						
		f the Treasury nue Service			Attach to Form 990 or F	orm 990-	EZ.			Open to Public				
		he organizati			ov/Form990 for instruction ORPORATION OF		ne latest i	nformation.	Employee	Inspection r identification number				
INdii		ine organizau		ANT COUNT						5-2791607				
Pa	rt I	Reason			(All organizations must c	omplete ti	nis part.) S	See instruction		5 2751007				
					: (For lines 1 through 12, c									
1			•		tion of churches described	•								
2					. (Attach Schedule E (Forn			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
3		A hospital or	a cooperative	hospital service or	ganization described in s e	ection 170	(b)(1)(A)(i	ii).						
4		A medical res	earch organiz	ation operated in o	conjunction with a hospital	described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,				
		city, and state												
5		-	-		college or university owned	d or opera	ted by a g	overnmental	unit descrit	ped in				
				Complete Part II.)										
6	X				nmental unit described in s					l an de l'an el a an d'ha a el Sa				
7	- 21	section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9				•	ed in section 170(b)(1)(A)(,	ed in coniu	unction with a	land-orant	college				
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		university:												
10		An organizati	on that norma	ally receives (1) mor	re than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from				
		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment												
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
				mplete Part III.)										
11	H	-	-	-	usively to test for public sa	•			orm out the	a numacion of one or				
12		-	-		usively for the benefit of, to bed in section 509(a)(1) o				-					
					of supporting organizatio									
а		7	-		supervised, or controlled		-		-	/ aivina				
				-	regularly appoint or elect a	•	-							
		organizatio	n. You must c	complete Part IV,	Sections A and B.									
b		Type II. A s	upporting org	anization supervise	ed or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving				
		control or n	nanagement o	of the supporting o	ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported				
		٦ [˘]	. ,	•	I, Sections A and C.									
С		••	-	• • • •	ing organization operated				Illy integrat	ed with,				
ام			0	. , .	ns). You must complete I			-	مرج بمراجع المحاص	;				
d		••	-		oporting organization oper nization generally must sat				•					
			-	• •	omplete Part IV, Sections			•	u an allem					
е		- ·	i i	,	a written determination fro				II, Type III					
			•		ionally integrated support			, , , , , , , , , , , , , , , , , , ,	<i>,</i> ,,					
f	Ente	er the number	of supported of	organizations										
g					ted organization(s).	(iv) Is the orga	nization listed							
	(i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)				
					above (see instructions))	Yes	No		,					
										ļ				
Tota	l													

75-2791607 Page 2

Schedule A	(Form 990) 2021	TARRANT	COUNTY,	INC	75-2791607	Pag
Part II	Support Schedule f	or Organizat	ions Describ	ed in	Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box on	line 5, 7, or 8 of	Part I or	if the organization failed to qualify under Part III. If the organization	ation
				D		

fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,087.	1184814.	154,542.	619,518.	857,085.	2827046.
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	11,087.	1184814.	154,542.	619,518.	857,085.	2827046.
	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.						2827046.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	11,087.	1184814.	154,542.	619,518.	857,085.	2827046.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	171,852.	623,234.	650,661.	471,712.	603,276.	2520735.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5347781.
12		etc. (see instruction	ons)			12 3	,073,353.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			/ • / • / • • • •
10	organization, check this box and stor	•					
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (column (f))		14	52.86 %
15						15	49.27 %
16a	33 1/3% support test - 2021. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
h	10% -facts-and-circumstances tes	-					10% or
~	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•	• •			s S
-10	i mate roundation. It the organizatio	an alu not check a		u, 100, 17a, 01 17k			

Schedule A (Form 990) 2021

DEVELOPN	1ENT	CORE	PORATION	OF
TARRANT	COUN	JTY,	INC	

Schedule A (Form 990) 2021 TARRANT COUNTY,

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
t	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.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(0) 2013	(0) 2020	(6) 202	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here						>
See	ction C. Computation of Public	c Support Pe	ercentage				
15	Public support percentage for 2021 (lir	ne 8, column (f),	divided by line 13 ,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Par	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage				
17	Investment income percentage for 202	1 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18						18	%
19a	33 1/3% support tests - 2021. If the c						l line 17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the o						/3%, and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization			-		-	
	V		,	,			

Schedule A (Form 990) 2021 TARR Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

2

Voc No

Pa	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11	1	
b	A family member of a person described on line 11a above? 11	,	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	on B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the supported organization are orditions as a constrained or an or the powers to appoint and/or remove officers, or trustees were allocated among the supported organization are orditions as a constrained or an or the powers.</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section (C. 1	Type II	Supporting	Organizations	

Schedule A (Form 990) 2021

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations								

			103	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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 is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

DEVELOPMENT CORPORATION OF TARRANT COUNTY, INC

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgai	nizations					
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 mu	st complete	e 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 0.015 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 0.035.	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 0.85 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							
	emergency temporary reduction (see instructions).	6						
_								

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

DEVELOPMENT CORPORATION OF

	dule A (Form 990) 2021 TARRANT COUNT		nizationa	7	5-2791607	Page 7
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)(s) Supporting Orga	anizations (continu	ied)		
	on D - Distributions				Current Yea	ır
1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		_		
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	-		
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	<i>(</i>)		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
-	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	DEVELOPI TARRANT				N OF		75-2791607 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation. Provid 2, 3b, 3c, 4b, 4d ines 2 and 3; Pa	le the exp c, 5a, 6, 9 rt IV, Sec	planatio 9a, 9b, 9 tion E, 1	ns required by 9c, 11a, 11b, a lines 1c, 2a, 2t	nd 11c; Part I\ 5, 3a, and 3b;	V, Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12; ss 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

DEVELOPM	IENT	CORE	PORATION	OF
	COTT	7/77 7 7	THA	

TARRANT COUNTY, INC

75-2791607	7	5-	-2	7	9	1	6	0	7
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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
	 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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), 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.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is checked.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

DEVEL	OPMENT CORPORATION OF NT COUNTY, INC	75-2791607								
Part I	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 contributior	(d) ns Type of contribution							
1	TARRANT COUNTY HOUSING100 E WEATHERFORD STFORT WORTH, TX 76102	\$339,4	.07. Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution							
2	BBVA 100 NE LOOP 410, SUITE 806 SAN ANTONIO, TX 78216	\$25,0	Person X Payroll							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution							
3	WELLS FARGO 201 MAIN STREET, SUITE 200 FORT WORTH, TX 76102	\$50,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution							
4	CITY OF FORT WORTH 1000 THROCKMORTON ST FORT WORTH, TX 76102	\$436,4	.02. Person X Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution							
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution							
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)							

123452 11-11-21

Page **2**

Employer identification number

Schedule B (Form 990) (2021) Name of organization

			Employer identification number
	OPMENT CORPORATION OF NT COUNTY, INC		75-2791607
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 4							
	organization OPMENT CORPORATION OF		Employer identification number							
TARRA	NT COUNTY, INC		75-2791607							
Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$							
(a) No.	Use duplicate copies of Part III if additional space is needed.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gif	t							
	Transferee's name, address, a	nd ZIP + 4	Relationship 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, a		Relationship of transferor to transferee							
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
from Part I	(b) Puipose of gift									
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	t Relationship of transferor to transferee							
(-) N										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gif								
	Transferee's name, address, a		Relationship of transferor to transferee							

From 960 Determined in a fease of the organization answered "Ves" on Form 960, Part M, line 6, A, 6, M, fin, 14, Ki, 16, Yi, 17, Yi, 20, and 20. Part M, Jine 6, A, 6, M, fin, 14, Yi, 20, and Yi,	60		Supplement	al Financial Statements		OMB No. 1545-0047					
Pert W, line 6, 7, 8, 8, 0, 11a, 11b, 11c, 11c, 11b, 11c, 11c, 11b, 11c, 11c											
bitom theorem is and the state information. bitom theorem is and the latest information. bitom theorem is and the organization in MulticloPMENT COUNTY, INC FertI Organization amovemed "Yes" on Form 980, Part IV, line 6. Comparization amovemed "Yes" on Form 980, Part IV, line 6. Comparization amovemed "Yes" on Form 980, Part IV, line 6. Comparization in the organization in the organization is and the assets held in donor advised funds Aggregate value of grant bitoms to fouring year) Aggregate value of grant bitoms to the engenization in a working that the assets held in donor advised funds are the organization inform at grantese, conces, and donor advisors writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, for any other purpose confirming impermetion to a settlemetion or a donor advisor of a metion of a lactical important lind area Protection of natural habitat Prosenvation of a bitom bitot at the organization inform at the second or a certified historic structure Presenvation of a permetion organization inform at the organization inform at the second or a certified historic structure Presenvation of accentration essements is clubted in televise and motion at historic structure Presenvation distate whore poperty subject to conservation essements is located by A number of conservation essements on a certified conservation conservation essements funded on the form of a value at end organization inthe organization intervise in the comparizat	(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.							
Name of the organization DEVELOPMENT CORPORATION OF TARRAYT Enclose identification number 75 - 27 916 607 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answord 'You' on Form 900, Part IV, line 6. (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Denor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Denor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Denor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (b) Funds and other accounts Yes No 5 Did the organization inform all donor ad other advisors in writing that grant funds can be used only for charitable private hearitif? Yes No Percensition of the benefit of the organization indexisor, or or any other purpose contring impermetable private hearits? Yes No 2 Composite in the 2 bit the organization indexisor, or or any other purpose controing impermetable private hearit? Yes No 6 Did the organization indexisor the organization indexisor organization accommution in the form of a conserva											
TARRANT COUNTY, INC 175-2791607 Part1 Organizations Ministaining Domo: Advised Funds or Other Similar Funds or Accounts. Complete if the organization newword "Yes" on Form 800, Part IV, line 0. (a) Donor advised funds (b) Funds and other accounts 1 Tatal number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Adgregate value of grants tom (during year) (a) Donor advised funds ves No 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advisor for any other purpose confering impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissible purposes and not for the benefit of the donor or advisor, or for any other purpose confering impermissible private benefit. Yes No Particele of inder or public use (for example, recreation or education) Preservation of a cetified historic structure Preservation of a cetified historic structure Preservation of onexation essements is cold yther organization (nother accounts) Iteld at the End of the Tax Year 3 Total acreage restructed by conservation essements Ze Iteld at the End of the Tax Year 4 Totad acreage restructed by conservation essements on certiffied hist											
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of and for public use (for example, recreation or education) □ □ Preservation of and for public use (for example, recreation or education) □ □ Preservation of a notion of pape approximation (check all that apply). □ □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2a 1 Total number of conservation easements 2a 2 1 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements tholds? 4 Number of states where property subject to conservation easements in tholds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ 1 Number of states where property subject to conservation eas					•						
Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation conservation easements Total acreage restricted by conser	Dai										
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acceage restricted by conservation easements 2b cl Number of conservation easements on certified historic structure included in (a) 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b - Number of states where property subject to conservation easement is located b cl Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements include? b Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii) yes in No b In Part XIII, describe how the organization reports onservation easements. Complete It the organization encoder works of art, historical Treasures, or Other Similar Assets. Complete It the organization eavered "Yes" on Form 990, Part V, line 8. 1 If the organization eavered "Yes" on Form 990, Part V, line 8. 2 If the organization eavered "Yes" or Form				-	v, inte <i>i</i>	<u>·</u>					
□ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total number of conservation easements 2a b Total accarage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	1		, ,	· · · · · · · · · · · · · · · · · · ·	horioally	important land area					
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total arceage restricted by conservation easements 2a b Total arceage restricted by conservation easements 2b cl Number of conservation easements an certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located				·							
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (a) the tax Year Total acreage restricted by conservation easements Total acreage restricted by the organization during the tax Year Year Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Year Total acreage restricted to conservation easement is located Year Total acreage restricted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i) res in No In Part XIII, describe how the organization reports conservation easements in the result ease ease ease ease and include, if applicable, the text of the totonte to the organization's financial statements that describes the organization's accounting for conservation easements. Torda organization feaserese, or other similar asasets held for public exhibition, education,					uneu m						
day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b 2c 2c 2d 2d 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 4 Number of states where property subject to conservation easement is located >	2		• •	fied conservation contribution in the form of a	oncon	ation easement on the last					
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b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b	а				2a						
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 listed in the National Register											
 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶											
 year ▶	3										
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization asswered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to the similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the service. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the potnote to the similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: c) Revenue included on Form 990, Part XIII, line 1 \$ (i) Assets included in Form 990, Part XIII, line 1 \$ (ii) Assets included or Form 990, Part XIII,			,,			· · · · · · · · · · · · · · · · · · ·					
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 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X § 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X § b Assets included in Form 990, Part X<!--</th--><th></th><th>▶\$</th><th></th><th></th><th></th><th></th>		▶\$									
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b Assets included in Form 990, Part X 🕨 \$	а	-		-		\$					
	-				🚩	• Schedule D (Form 990) 2021					

132051 10-28-21

	_	MENT CORPO		ON OF					_
		COUNTY, I						2791607	
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar A	ssets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	at make sig	gnificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	c		Loan or exc	hange progra	am			
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how tl	nev further t	he organizati	on's exem	not purpose ir	n Part XIII.	
5	During the year, did the organization solicit o								
Ū	to be sold to raise funds rather than to be ma							Yes	🗌 No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			organizatio		100 0111	0111 000,1 4		
12	Is the organization an agent, trustee, custod		diany for	contribution	ne or other as	sets not i	ncluded		
Ia	on Form 990, Part X?		-					Yes	X No
h									
a	If "Yes," explain the arrangement in Part XIII	and complete the id	liowing	table:				Amount	
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						y?	L Yes	X No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII								
Par	t V Endowment Funds. Complete i	÷							<u> </u>
		(a) Current year	(b) F	rior year	(c) I wo yea	rs back (d) Three years	back (e) Four	years back
	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								
	End of year balance								
2	Provide the estimated percentage of the cur	rent vear end baland	e (line 1	a. column (;	a)) held as:			I	
	Board designated or quasi-endowment		%	9, 00.000	.,,				
	Permanent endowment	%							
		%							
C	The percentages on lines 2a, 2b, and 2c sho	, -							
20	Are there endowment funds not in the posse		otion th	at are hold a	and administr	arad for th	o organizatio	-	
Ja		ssion of the organiz			auriniste		e organizatioi	-	Yes No
	by:								
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
	If "Yes" on line 3a(ii), are the related organiza				• • • • • • • • • • • • • • • • • • • •			3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Par	/ 3 / 11								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990), Part X, I	ine 10.		
	Description of property	(a) Cost or c			or other	.,	cumulated	(d) Book	value
		basis (investr	nent)		(other)	depi	reciation		
1a	Land				0,000.),000.
	Buildings			1,71	6,522.	8	74,635.	841	.,887.
	Leasehold improvements								
	Equipment			2	7,624.		16,056.	. 11	.,568.
	Other								
	Add lines 1a through 1e. (Column (d) must e		X. colu	nn (B), line 1	10c.)		•	1,103	3,455.
			.,					, , , , , , , , , , , , , , , , , , , ,	

Schedule D (Form 990) 2021

DEVELOPN	1ENT	CORE	PORATION	OF
TARRANT	COUN	ITY,	INC	

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	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.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
			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 "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ACCRUED INTEREST			579,716.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		579,716.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 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)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)		
 Liability for uncertain tax positions. In Part XIII, provide 			at reports the
\sim classify for uncertain (as positions, in rate AII), provide		o ano organization o imanoial statemento th	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 TARRANT COUNTY , INC		75-2791607 Page 4
-	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
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	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
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	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
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)

Department of the Treasury Internal Revenue Service

Name of the organization



75-2791607

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

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	n 990) 202	21								Page 2
Name	of the orga	nization						TION OF			Employer identification number
			TAL	KRANI	COU	N.T.X '	INC				75-2791607
THE	ORGAN	IIZATI	ION	MAKE	S AL	L OF	ITS	DOCUMENTS	AVAILABLE	UPON	REQUEST.
FORI	MI 990,	PAR	r v:	I, SE	CTIO	NC,	LIN	E 19:			
								DOCUMENTS	<u>, , , , , , , , , , , , , , , , , , , </u>	TIDON	
	UKGAN	IL LAI.		MARE			115	DOCOMENTS	AVAIDADDE	OFOR	KEQUESI.