

**A For the 2012 calendar year, or tax year beginning** , and ending

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>CASA OF TARRANT COUNTY, INC</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P. O. BOX 3275</b></p> <p>City, town or post office, state, and ZIP code <b>FORT WORTH TX 76113</b></p> <p><b>F</b> Name and address of principal officer: <b>TONYA GREEN</b> <b>PO BOX 3275</b> <b>FORT WORTH TX 76113</b></p> <p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ <b>WWW.SPEAKUPFORACHILD.ORG</b></p> <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>	<p><b>D</b> Employer identification number <b>75-1895412</b></p> <p><b>E</b> Telephone number <b>817-877-5891</b></p> <p><b>G</b> Gross receipts \$ <b>1,514,125</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p> <p><b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>TX</b></p>
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**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>25</b>	
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>306</b>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	
	b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
	9 Program service revenue (Part VIII, line 2g)	<b>1,015,607</b>	<b>1,274,700</b>	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>760</b>	<b>1,102</b>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>116,550</b>	<b>150,501</b>	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,132,917</b>	<b>1,426,303</b>	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>785,001</b>	<b>956,931</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>100,888</b>			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>227,865</b>	<b>275,509</b>	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,012,866</b>	<b>1,232,440</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>120,051</b>	<b>193,863</b>		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
	21 Total liabilities (Part X, line 26)	<b>793,229</b>	<b>1,013,143</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>28,951</b>	<b>30,000</b>	
		<b>764,278</b>	<b>983,143</b>	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>TONYA GREEN</b>	Date			
	Type or print name and title <b>PROGRAM DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CURT H. OSIEK</b>	Preparer's signature <i>Curt Osiek</i>	Date <b>9/3/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00539295</b>
	Firm's name ▶ <b>RHODES OSIEK &amp; COMPANY, L.L.P.</b>	Firm's EIN ▶ <b>75-2912970</b>			
	Firm's address ▶ <b>2170 W. INTERSTATE 20 ARLINGTON, TX 76017</b>	Phone no. <b>817-274-1700</b>			

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III



1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,064,630 including grants of \$ ) (Revenue \$ )

TO ACT AS ADVOCATES FOR ABUSED AND NEGLECTED CHILDREN AS WELL AS RECRUITMENT, SCREENING, TRAINING AND SUPERVISION OF TARRANT COUNTY VOLUNTEERS WHO SERVE AS COURT APPOINTED CHILD ADVOCATES ON CASES OF CHILD ABUSE AND NEGLECT.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 1,064,630

**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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance  
 Check if Schedule O contains a response to any question in this Part V

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

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

**Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	22		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TONYA GREEN 101 SUMMIT AVE, SUITE 505  
 FORT WORTH TX 76102 817-877-5891

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARA BELL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(2) JANET BISHOP	1.00									
BOARD MEMBER	0.00	X						0	0	0
(3) CRAIG DAVIS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) CHRIS BULLEN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) JULIA HUSEMAN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) LAURA O'BRIEN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) PETE GREENHAW	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) SARAH MURRIN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) STEPHEN HOWARD	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) TERESA HUBBARD	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) ANN JEFFERIES	1.00									
BOARD MEMBER	0.00	X						0	0	0

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) TERRY SCHULTZ	1.00								
BOARD MEMBER	0.00	X					0	0	
(13) KRISTY CLARK	1.00								
BOARD MEMBER	0.00	X					0	0	
(14) RICARDO CORONADO, PH.D	1.00								
BOARD MEMBER	0.00	X					0	0	
(15) CHRISTINE DOBSON, PH.D	1.00								
BOARD MEMBER	0.00	X					0	0	
(16) MARTIN DURBIN	1.00								
BOARD MEMBER	0.00	X					0	0	
(17) CHRISTINA JOHNSON	1.00								
BOARD MEMBER	0.00	X					0	0	
(18) DAVID SEIDLER	1.00								
TREASURER	0.00			X			0	0	
(19) IAN PECK	1.00								
PRESIDENT	0.00			X			0	0	
1b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

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

**Section B. Independent Contractors**

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

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

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



(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JENNIFER JOHNSON	1.00									
PAST PRESIDENT	0.00			X				0	0	
(13) LISA GRADY	1.00									
SECRETARY	0.00			X				0	0	
(14) GLENN MONROE	1.00									
PRESIDENT ELECT	0.00			X				0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

**Section B. Independent Contractors**

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

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

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

**Part VIII**

**Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	697,310			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	577,390			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>1,274,700</b>			
<b>Program Service Revenue</b>	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		1,102		1,102
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	231,335			
b Less: direct expenses		b	87,822			
c Net income or (loss) from fundraising events			143,513			
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a RENTAL INCOME			5,088	5,088		
b MISCELLANEOUS INCOME			1,900	1,900		
c						
d All other revenue			6,988			
e Total. Add lines 11a-11d			1,426,303	6,988	0	
12 Total revenue. See instructions.					1,102	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,000	78,200	4,600	9,200
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	672,464	585,486	30,328	56,650
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,915	12,892	1,048	1,975
9 Other employee benefits	101,979	91,781	5,099	5,099
10 Payroll taxes	74,573	64,742	3,407	6,424
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,000		5,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	11,824	9,998	852	974
14 Information technology				
15 Royalties				
16 Occupancy	96,035	81,630	6,722	7,683
17 Travel	16,554	16,554		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,723	12,893	2,830	
23 Insurance	4,867	3,392	1,475	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MARKETING	43,968	43,968		
b AUTO	11,700	11,700		
c COMPUTER	11,401	9,691	798	912
d PRINTING	9,837	9,837		
e All other expenses	48,600	31,866	4,763	11,971
25 Total functional expenses. Add lines 1 through 24e	1,232,440	1,064,630	66,922	100,888
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	540,301	1	671,187
	2 Savings and temporary cash investments	75,556	2	88,213
	3 Pledges and grants receivable, net	139,407	3	161,990
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 169,480		
	b Less: accumulated depreciation	10b 94,524	22,223	10c 74,956
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15 15,742	15 16,797
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		793,229	16 1,013,143	
Liabilities	17 Accounts payable and accrued expenses	3,951	17	
	18 Grants payable		18	
	19 Deferred revenue	25,000	19	30,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		28,951	26 30,000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	645,492	27	835,685
	28 Temporarily restricted net assets	29,634	28	46,405
	29 Permanently restricted net assets	89,152	29	101,053
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	764,278	33	983,143
34 <b>Total liabilities and net assets/fund balances</b>	793,229	34	1,013,143	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,426,303
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,232,440
3	Revenue less expenses. Subtract line 2 from line 1	3	193,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	764,278
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	25,002
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	983,143

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? \_\_\_\_\_
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Department of the Treasury Internal Revenue Service

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

Name of the organization

CASA OF TARRANT COUNTY, INC

Employer identification number

75-1895412

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a [ ] Type I b [ ] Type II c [ ] Type III—Functionally integrated d [ ] Type III—Non-functionally integrated
e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	713,208	612,982	896,130	1,015,607	1,274,700	4,512,627
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	713,208	612,982	896,130	1,015,607	1,274,700	4,512,627
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						774,408
6 Public support. Subtract line 5 from line 4.						3,738,219

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	713,208	612,982	896,130	1,015,607	1,274,700	4,512,627
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,653	2,507	1,123	760	1,102	9,145
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	800		6,559	15,229	6,988	29,576
11 Total support. Add lines 7 through 10						4,551,348
12 Gross receipts from related activities, etc. (see instructions)					12	238,323
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	82.13%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	89.45%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME \$ 29,576

Name of the organization

Employer identification number

CASA OF TARRANT COUNTY, INC

75-1895412

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization

CASA OF TARRANT COUNTY, INC

Employer identification number

75-1895412

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAPPA ALPHA THETA TCU BOX 292079  FORT WORTH TX 76129	\$ 72,470	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NATIONAL CASA 100 W HARRISON N TOWER SUITE 500  SEATTLE WA 98119	\$ 29,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SID RICHARDSON FOUNDATION 309 MAIN STREET  FORT WORTH TX 76102	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3  FORT WORTH TX 76109	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BANK OF AMERICA C/O HELEN IRWIN EDUCATIONAL TRUST 500 W. 7TH STREET 13TH FLOOR  FORT WORTH TX 76102	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CITY OF FORT WORTH 1000 THROCKMORTON ST.  FORT WORTH TX 76102	\$ 40,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION OF N TEXAS 306 W 7TH ST #850 FORT WORTH TX 76102	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MEADOWS FOUNDATION 3003 SWISS AVE DALLAS TX 75204	\$ 93,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	TEXAS CASA 1501 WEST ANDERSON LANE AUSTIN TX 78757	\$ 461,589	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	VOCA ASSISTANCE 1100 SAN JACINTO BLVD AUSTIN TX 78711	\$ 128,278	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of the organization

Employer identification number

CASA OF TARRANT COUNTY, INC

75-1895412

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor information with Yes/No checkboxes.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of the collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	89,152	81,943	76,395	70,123	
b Contributions .....	11,901	7,209	5,548	6,272	
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....	101,053	89,152	81,943	76,395	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                   | Yes | No |
|-----------------------------------|-----|----|
| (i) unrelated organizations ..... |     | X  |
| (ii) related organizations .....  |     | X  |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....		169,480	94,524	74,956
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				74,956

**Part VII Investments—Other Securities.** 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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** 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)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1	1,568,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	54,184	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	87,822	
e	Add lines 2a through 2d	2e		142,006
3	Subtract line 2e from line 1	3		1,426,303
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,426,303

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1	1,349,444
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	29,182	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	87,822	
e	Add lines 2a through 2d	2e		117,004
3	Subtract line 2e from line 1	3		1,232,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,232,440

**Part XIII Supplemental Information**

Complete this part to 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.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
 SPECIAL EVENT DIRECT COSTS \$ 87,822

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
 SPECIAL EVENT DIRECT COSTS \$ 87,822



Lined area for text entry.

Name of the organization

CASA OF TARRANT COUNTY, INC

Employer identification number

75-1895412

**Part I**

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SCOTT MOORE DIN</u> (event type)	<u>FALL SOCIAL</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	206,785	24,550		231,335
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	206,785	24,550		231,335
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	80,259	7,563		87,822
	10 Direct expense summary. Add lines 4 through 9 in column (d)				87,822
11 Net income summary. Combine line 3, column (d), and line 10				143,513	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

CASA OF TARRANT COUNTY, INC

Employer identification number

75-1895412

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES  
TO ACT AS ADVOCATES FOR ABUSED AND NEGLECTED CHILDREN AS WELL AS  
RECRUITMENT, SCREENING, TRAINING, AND SUPERVISION OF TARRANT COUNTY  
VOLUNTEERS WHO SERVE AS COURT APPOINTED CHILD ADVOCATES ON CASES  
OF CHILD ABUSE AND NEGLECT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
YES, THE 990 WILL BE DISTRIBUTED TO THE EXECUTIVE COMMITTEE AND THE BOARD  
FOR THEM TO REVIEW AND APPROVE

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
YES, THE WRITTEN POLICY IS DISTRIBUTED ANNUALLY, ACKNOWLEDGEMENT SIGNATURES  
ARE SECURED AND MAINTAINED IN CASA RECORDS

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
CASA CONSIDERS EDUCATIONAL BACKGROUND, PROFESSIONAL CERTIFICATIONS,  
EXPERIENCE LEVEL, AND COMMUNITY/INDUSTRY COMPARISONS WHEN DETERMINING  
COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
CASA CONSIDERS EDUCATIONAL BACKGROUND, PROFESSIONAL CERTIFICATIONS,  
EXPERIENCE LEVEL, AND COMMUNITY/INDUSTRY COMPARISONS WHEN DETERMINING  
COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS CAN BE REVIEWED AT THE OFFICE OR WE CAN MAIL OR E-MAIL THEM.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

SPECIAL EVENT DIRECT COSTS \$ 87,822

SPECIAL EVENT DIRECT COSTS \$ -87,822

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return CASA OF TARRANT COUNTY, INC

Identifying number 75-1895412

Business or activity to which this form relates INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 500,000; Line 3: 2,000,000; Line 16: 15,723; Line 17: 0.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

Table with 3 rows for Part II. Line 16: 15,723.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A Table with 2 rows. Line 17: 0.

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

Table with 5 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 15,723.

For Paperwork Reduction Act Notice, see separate instructions.

THERE ARE NO AMOUNTS FOR PAGE 2

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	COMPUTER WORKSTATION	7/01/88	200			200	5 HY 200DB	200	0
			<u>200</u>			<u>200</u>		<u>200</u>	<u>0</u>
<b>ACRS:</b>									
1	4 DRAWER LATERAL FILE	7/01/86	144			144	5 HY PRE	144	0
	<b>Total ACRS Depreciation</b>		<u>144</u>			<u>144</u>		<u>144</u>	<u>0</u>
<b>Other Depreciation:</b>									
20	TV AND VCR	3/15/95	610			610	10 MO S/L	610	0
21	DISPLAY BOARD	8/09/95	388			388	10 MO S/L	388	0
23	LASER WRITER	1/22/96	848			848	5 MO S/L	848	0
25	BOARD ROOM FURNITURE	3/26/98	4,705			4,705	10 MO S/L	4,705	0
27	LECTERN	3/23/98	149			149	10 MO S/L	149	0
28	CHAIR WITH ADJUSTABLE ARMS	3/23/98	159			159	10 MO S/L	159	0
29	GUEST CHAIRS	3/23/98	556			556	10 MO S/L	556	0
30	HP LASER PRINTER	5/20/98	1,190			1,190	5 MO S/L	1,190	0
31	3 COMPUTERS - LUCKY	5/20/98	2,430			2,430	5 MO S/L	2,430	0
32	CHAIR - NATASHA	7/20/98	100			100	10 MO S/L	100	0
34	OFFICE DEPOT STORAGE CABINET	7/30/98	116			116	10 MO S/L	116	0
35	OFFICE DEPOT LEATHER MANAGERS	8/06/98	130			130	10 MO S/L	130	0
36	OFFICE DEPOT FILE CABINET	8/11/98	80			80	10 MO S/L	80	0
37	2 HP III LASER PRINTERS	8/24/98	200			200	5 MO S/L	200	0
38	IOME ZIP DRIVE	12/18/98	170			170	5 MO S/L	170	0
39	COMPUTERS - BELL	4/30/98	1,620			1,620	5 MO S/L	1,620	0
41	ONE COMPUTER - LUCKY	7/27/98	810			810	5 MO S/L	810	0
42	COMPUTER NETWORKING	4/30/98	1,250			1,250	5 MO S/L	1,250	0
43	HP COLOR PRINTER	7/21/99	300			300	5 MO S/L	300	0
44	DESK CHAIR	10/20/99	100			100	10 MO S/L	100	0
45	FILE CABINET	10/20/99	80			80	10 MO S/L	80	0
47	DIGITAL CAMERA	12/09/99	289			289	5 MO S/L	289	0
48	COMPUTER	10/06/99	1,305			1,305	5 MO S/L	1,305	0
50	FAX MACHINE	4/03/00	160			160	7 MO S/L	160	0
51	HP COLOR PRINTER	5/01/00	180			180	7 MO S/L	180	0
52	HP COMPUTER	5/26/00	869			869	7 MO S/L	869	0
53	PANASONIC CAMCORDER	1/19/01	478			478	5 MO S/L	478	0
54	PRO SERIES TRIPOD	1/19/01	50			50	5 MO S/L	50	0
55	PANASONIC TV	2/07/01	350			350	5 MO S/L	350	0
56	PANASONIC VCR	2/07/01	111			111	5 MO S/L	111	0
57	OFFICE DEPOT TV CART	2/07/01	180			180	10 MO S/L	180	0
58	EPSON PRINTER	12/04/01	150			150	5 MO S/L	150	0
59	SCANNER	12/04/01	100			100	5 MO S/L	100	0
60	FILE CABINET	12/04/01	100			100	10 MO S/L	100	0
61	FILE CABINET - ARLINGTON OFFICE F	12/18/01	129			129	10 MO S/L	129	0
62	OFFICE FURNITURE - ED	11/25/02	898			898	10 MO S/L	816	82
63	CONFERENCE ROOM FURNITURE	11/25/02	6,614			6,614	10 MO S/L	6,008	606
64	RECEPTIONIST DESK AREA	11/25/02	4,099			4,099	10 MO S/L	3,723	376
65	RECEPTION AREA	11/25/02	3,338			3,338	10 MO S/L	3,032	306
66	OFFICE FURNITURE - ED	7/25/02	360			360	10 MO S/L	339	21
67	PHONE SYSTEM	12/30/02	5,966			5,966	7 MO S/L	5,966	0
68	INSTALL NETWORK CABLE	8/30/02	1,870			1,870	5 MO S/L	1,870	0
69	DELL SERVER	1/28/02	1,340			1,340	5 MO S/L	1,340	0
70	OFFICE DEPOT CHAIR/SHREDDER	2/13/03	250			250	10 MO S/L	223	25
71	DELL MARKETING COMPUTER	9/30/03	1,517			1,517	5 MO S/L	1,517	0
72	10 COMPUTERS	3/16/04	13,740			13,740	5 MO S/L	13,740	0
73	COMPUTER SOFTWARE	7/01/04	3,500			3,500	3 MO S/L	3,500	0
74	FURNITURE	4/12/04	782			782	10 MO S/L	606	79
75	LASER PRINTER	11/28/05	502			502	5 MO S/L	502	0
76	DELL LAPTOP	6/20/06	1,393			1,393	5 MO S/L	1,393	0
77	3 CHAIRS	7/24/06	317			317	7 MO S/L	245	46
78	FILING CABINET	12/12/06	106			106	7 MO S/L	77	15
79	FUNDRAISER SOFTWARE	12/29/06	3,098			3,098	3 MO S/L	3,098	0
80	COMPUTER DFS ACCEPT	12/11/07	2,531			2,531	5 MO S/L	2,067	464
81	TELEPHONE SYSTEM	12/11/07	1,450			1,450	7 MO S/L	846	207
82	COMPUTER TARRANT TECH	8/15/07	897			897	5 MO S/L	792	105
83	FURNITURE-OFFICE DEPOT	11/13/07	606			606	7 MO S/L	361	86



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Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
84	LOBBY SIGN	11/28/07	995		995	7 MO S/L	580	143
85	PRINTER	6/15/09	429		429	5 MO S/L	222	85
86	COMPUTER SOFTWARE	6/15/09	590		590	3 MO S/L	508	82
87	COMPUTER	6/15/09	671		671	5 MO S/L	347	134
88	PRINTER/SCANNER	6/15/09	758		758	5 MO S/L	392	151
89	PRINTER	10/02/09	225		225	5 MO S/L	101	45
90	COMPUTER	10/19/09	1,007		1,007	5 MO S/L	436	202
91	FURNITURE	4/21/09	1,231		1,231	7 MO S/L	469	176
92	CHAIRS - HEATHER	7/02/09	65		65	7 MO S/L	23	9
93	FURNITURE	7/21/09	545		545	7 MO S/L	188	78
94	FILE CABINET	10/19/09	225		225	7 MO S/L	70	32
95	COMPUTER MONITOR PRINTER	11/17/10	1,060		1,060	5 MO S/L	230	212
96	OFFICE EQUIPMENT	12/14/10	230		230	7 MO S/L	36	32
97	WORK STATION	5/06/10	864		864	7 MO S/L	206	123
98	PRINTERS	6/14/10	240		240	7 MO S/L	54	35
99	FILING CABINET	8/16/10	717		717	7 MO S/L	137	102
100	DESK & CHAIRS	10/18/10	555		555	7 MO S/L	93	79
101	TELEPHONE	11/06/10	288		288	7 MO S/L	48	41
102	TRAINING ROOM FURNITURE	11/17/10	10,740		10,740	7 MO S/L	1,662	1,534
103	APPLE COMPUTER	9/07/11	2,281		2,281	5 MO S/L	152	456
104	DELL OPTIPLEX 990	12/30/11	1,348		1,348	5 MO S/L	0	270
105	FILE CABINET	1/17/12	180		180	7 MO S/L	0	24
106	BOOK CASE	3/19/12	430		430	7 MO S/L	0	46
107	CHAIR	6/14/12	297		297	7 MO S/L	0	25
108	DESK CHAIR FILE CABINET	8/13/12	4,447		4,447	7 MO S/L	0	265
109	EXPANSION SUITE 505	10/17/12	10,793		10,793	15 MO S/L	0	120
110	MICROSOFT SOFTWARE	2/14/12	25,002		25,002	5 MO S/L	0	4,584
111	TARRANT TECH COMPUTERS	2/02/12	11,573		11,573	5 MO S/L	0	2,122
112	10 COMPUTERS 2 LAPTOPS	4/30/12	15,734		15,734	5 MO S/L	0	2,098
<b>Total Other Depreciation</b>			<u>169,136</u>		<u>169,136</u>		<u>78,457</u>	<u>15,723</u>
<b>Total ACRS and Other Depreciation</b>			<u>169,280</u>		<u>169,280</u>		<u>78,601</u>	<u>15,723</u>
<b>Grand Totals</b>			169,480		169,480		78,801	15,723
<b>Less: Dispositions and Transfers</b>			0		0		0	0
<b>Less: Start-up/Org Expense</b>			0		0		0	0
<b>Net Grand Totals</b>			<u>169,480</u>		<u>169,480</u>		<u>78,801</u>	<u>15,723</u>

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
<b>Prior MACRS:</b>								
2	COMPUTER WORKSTATION	7/01/88	200	200	200	0	0	0
75	LASER PRINTER	11/28/05	502	502	502	0	0	0
			<u>702</u>	<u>702</u>	<u>702</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>ACRS:</b>								
1	4 DRAWER LATERAL FILE	7/01/86	144	144	144	0	0	0
	<b>Total ACRS Depreciation</b>		<u>144</u>	<u>144</u>	<u>144</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
20	TV AND VCR	3/15/95	610	610	610	0	0	0
21	DISPLAY BOARD	8/09/95	388	388	388	0	0	0
23	LASER WRITER	1/22/96	848	848	848	0	0	0
25	BOARD ROOM FURNITURE	3/26/98	4,705	4,705	4,705	0	0	0
27	LECTERN	3/23/98	149	149	149	0	0	0
28	CHAIR WITH ADJUSTABLE ARMS	3/23/98	159	159	159	0	0	0
29	GUEST CHAIRS	3/23/98	556	556	556	0	0	0
30	HP LASER PRINTER	5/20/98	1,190	1,190	1,190	0	0	0
31	3 COMPUTERS - LUCKY	5/20/98	2,430	2,430	2,430	0	0	0
32	CHAIR - NATASHA	7/20/98	100	100	100	0	0	0
34	OFFICE DEPOT STORAGE CABINET	7/30/98	116	116	116	0	0	0
35	OFFICE DEPOT LEATHER MANAGERS	8/06/98	130	130	130	0	0	0
36	OFFICE DEPOT FILE CABINET	8/11/98	80	80	80	0	0	0
37	2 HP/HP LASER PRINTERS	8/24/98	200	200	200	0	0	0
38	IOME ZIP DRIVE	12/18/98	170	170	170	0	0	0
39	COMPUTERS - BELL	4/30/98	1,620	1,620	1,620	0	0	0
41	ONE COMPUTER - LUCKY	7/27/98	810	810	810	0	0	0
42	COMPUTER NETWORKING	4/30/98	1,250	1,250	1,250	0	0	0
43	HP COLOR PRINTER	7/21/99	300	300	300	0	0	0
44	DESK CHAIR	10/20/99	100	100	100	0	0	0
45	FILE CABINET	10/20/99	80	80	80	0	0	0
47	DIGITAL CAMERA	12/09/99	289	289	289	0	0	0
48	COMPUTER	10/06/99	1,305	1,305	1,305	0	0	0
50	FAX MACHINE	4/03/00	160	160	160	0	0	0
51	HP COLOR PRINTER	5/01/00	180	180	180	0	0	0
52	HP COMPUTER	5/26/00	869	869	869	0	0	0
53	PANASONIC CAMCORDER	1/19/01	478	478	478	0	0	0
54	PRO SERIES TRIPOD	1/19/01	50	50	50	0	0	0
55	PANASONIC TV	2/07/01	350	350	350	0	0	0
56	PANASONIC VCR	2/07/01	111	111	111	0	0	0
57	OFFICE DEPOT TV CART	2/07/01	180	180	180	0	0	0
58	EPSON PRINTER	12/04/01	150	150	150	0	0	0
59	SCANNER	12/04/01	100	100	100	0	0	0
60	FILE CABINET	12/04/01	100	100	100	0	0	0
61	FILE CABINET - ARLINGTON OFFICE F	12/18/01	129	129	129	0	0	0
62	OFFICE FURNITURE - ED	11/25/02	898	898	816	82	82	0
63	CONFERENCE ROOM FURNITURE	11/25/02	6,614	6,614	6,008	606	606	0
64	RECEPTIONIST DESK AREA	11/25/02	4,099	4,099	3,723	376	376	0
65	RECEPTION AREA	11/25/02	3,338	3,338	3,032	306	306	0
66	OFFICE FURNITURE - ED	7/25/02	360	360	339	21	21	0
67	PHONE SYSTEM	12/30/02	5,966	5,966	5,966	0	0	0
68	INSTALL NETWORK CABLE	8/30/02	1,870	1,870	1,870	0	0	0
69	DELL SERVER	1/28/02	1,340	1,340	1,340	0	0	0
70	OFFICE DEPOT CHAIR/SHREDDER	2/13/03	250	250	223	25	25	0
71	DELL MARKETING COMPUTER	9/30/03	1,517	1,517	1,517	0	0	0
72	10 COMPUTERS	3/16/04	13,740	13,740	13,740	0	0	0
73	COMPUTER SOFTWARE	7/01/04	3,500	3,500	3,500	0	0	0
74	FURNITURE	4/12/04	782	782	606	79	79	0
76	DELL LAPTOP	6/20/06	1,393	1,393	1,393	0	0	0
77	3 CHAIRS	7/24/06	317	317	245	46	46	0
78	FILING CABINET	12/12/06	106	106	77	15	15	0
79	FUNDRAISER SOFTWARE	12/29/06	3,098	3,098	3,098	0	0	0
80	COMPUTER DFS ACCEPT	12/11/07	2,531	2,531	2,067	464	464	0
81	TELEPHONE SYSTEM	12/11/07	1,450	1,450	846	207	207	0
82	COMPUTER TARRANT TECH	8/15/07	897	897	792	105	105	0
83	FURNITURE-OFFICE DEPOT	11/13/07	606	606	361	86	86	0

Asset	Description	Date In Service	Cost	Basis for Depr	TX Prior	TX Current	Federal Current	Difference Fed - TX
84	LOBBY SIGN	11/28/07	995	995	580	143	143	0
85	PRINTER	6/15/09	429	429	222	85	85	0
86	COMPUTER SOFTWARE	6/15/09	590	590	508	82	82	0
87	COMPUTER	6/15/09	671	671	347	134	134	0
88	PRINTER/SCANNER	6/15/09	758	758	392	151	151	0
89	PRINTER	10/02/09	225	225	101	45	45	0
90	COMPUTER	10/19/09	1,007	1,007	436	202	202	0
91	FURNITURE	4/21/09	1,231	1,231	469	176	176	0
92	CHAIRS - HEATHER	7/02/09	65	65	23	9	9	0
93	FURNITURE	7/21/09	545	545	188	78	78	0
94	FILE CABINET	10/19/09	225	225	70	32	32	0
95	COMPUTER MONITOR PRINTER	11/17/10	1,060	1,060	230	212	212	0
96	OFFICE EQUIPMENT	12/14/10	230	230	36	32	32	0
97	WORK STATION	5/06/10	864	864	206	123	123	0
98	PRINTERS	6/14/10	240	240	54	35	35	0
99	FILING CABINET	8/16/10	717	717	137	102	102	0
100	DESK & CHAIRS	10/18/10	555	555	93	79	79	0
101	TELEPHONE	11/06/10	288	288	48	41	41	0
102	TRAINING ROOM FURNITURE	11/17/10	10,740	10,740	1,662	1,534	1,534	0
103	APPLE COMPUTER	9/07/11	2,281	2,281	152	456	456	0
104	DELL OPTIPLEX 990	12/30/11	1,348	1,348	0	270	270	0
105	FILE CABINET	1/17/12	180	180	0	24	24	0
106	BOOK CASE	3/19/12	430	430	0	46	46	0
107	CHAIR	6/14/12	297	297	0	25	25	0
108	DESK CHAIR FILE CABINET	8/13/12	4,447	4,447	0	265	265	0
109	EXPANSION SUITE 505	10/17/12	10,793	10,793	0	120	120	0
110	MICROSOFT SOFTWARE	2/14/12	25,002	25,002	0	4,584	4,584	0
111	TARRANT TECH COMPUTERS	2/02/12	11,573	11,573	0	2,122	2,122	0
112	10 COMPUTERS 2 LAPTOPS	4/30/12	15,734	15,734	0	2,098	2,098	0
<b>Total Other Depreciation</b>			<u>168,634</u>	<u>168,634</u>	<u>77,955</u>	<u>15,723</u>	<u>15,723</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>168,778</u>	<u>168,778</u>	<u>78,099</u>	<u>15,723</u>	<u>15,723</u>	<u>0</u>
<b>Grand Totals</b>			169,480	169,480	78,801	15,723	15,723	0
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>169,480</u>	<u>169,480</u>	<u>78,801</u>	<u>15,723</u>	<u>15,723</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179B Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
2	COMPUTER WORKSTATION	7/01/88	200			200	5 HY 150DB	200	0
20	TV AND VCR	3/15/95	610			610	10 HY 150DB	610	0
21	DISPLAY BOARD	8/09/95	388			388	10 HY 150DB	388	0
75	LASER PRINTER	11/28/05	502			502	5 MQ 150DB	502	0
82	COMPUTER TARRANT TECH	8/15/07	897			897	5 HY 150DB	822	75
			<u>2,597</u>			<u>2,597</u>		<u>2,522</u>	<u>75</u>
<b>Other Depreciation:</b>									
1	4 DRAWER LATERAL FILE	7/01/86	0			0	0 HY	0	0
23	LASER WRITER	1/22/96	0			0	0 HY	0	0
25	BOARD ROOM FURNITURE	3/26/98	0			0	0 HY	0	0
27	LECTERN	3/23/98	0			0	0 HY	0	0
28	CHAIR WITH ADJUSTABLE ARMS	3/23/98	0			0	0 HY	0	0
29	GUEST CHAIRS	3/23/98	0			0	0 HY	0	0
30	HP LASER PRINTER	5/20/98	0			0	0 HY	0	0
31	3 COMPUTERS - LUCKY	5/20/98	0			0	0 HY	0	0
32	CHAIR - NATASHA	7/20/98	0			0	0 HY	0	0
34	OFFICE DEPOT STORAGE CABINET	7/30/98	0			0	0 HY	0	0
35	OFFICE DEPOT LEATHER MANAGERS	8/06/98	0			0	0 HY	0	0
36	OFFICE DEPOT FILE CABINET	8/11/98	0			0	0 HY	0	0
37	2 HP IIP LASER PRINTERS	8/24/98	0			0	0 HY	0	0
38	IOME ZIP DRIVE	12/18/98	0			0	0 HY	0	0
39	COMPUTERS - BELL	4/30/98	0			0	0 HY	0	0
41	ONE COMPUTER - LUCKY	7/27/98	0			0	0 HY	0	0
42	COMPUTER NETWORKING	4/30/98	0			0	0 HY	0	0
43	HP COLOR PRINTER	7/21/99	0			0	0 HY	0	0
44	DESK CHAIR	10/20/99	0			0	0 HY	0	0
45	FILE CABINET	10/20/99	0			0	0 HY	0	0
47	DIGITAL CAMERA	12/09/99	0			0	0 HY	0	0
48	COMPUTER	10/06/99	0			0	0 HY	0	0
50	FAX MACHINE	4/03/00	0			0	0 HY	0	0
51	HP COLOR PRINTER	5/01/00	0			0	0 HY	0	0
52	HP COMPUTER	5/26/00	0			0	0 HY	0	0
53	PANASONIC CAMCORDER	1/19/01	0			0	0 HY	0	0
54	PRO SERIES TRIPOD	1/19/01	0			0	0 HY	0	0
55	PANASONIC TV	2/07/01	0			0	0 HY	0	0
56	PANASONIC VCR	2/07/01	0			0	0 HY	0	0
57	OFFICE DEPOT TV CART	2/07/01	0			0	0 HY	0	0
58	EPSON PRINTER	12/04/01	0			0	0 HY	0	0
59	SCANNER	12/04/01	0			0	0 HY	0	0
60	FILE CABINET	12/04/01	0			0	0 HY	0	0
61	FILE CABINET - ARLINGTON OFFICE F	12/18/01	0			0	0 HY	0	0
62	OFFICE FURNITURE - ED	11/25/02	0			0	0 HY	0	0
63	CONFERENCE ROOM FURNITURE	11/25/02	0			0	0 HY	0	0
64	RECEPTIONIST DESK AREA	11/25/02	0			0	0 HY	0	0
65	RECEPTION AREA	11/25/02	0			0	0 HY	0	0
66	OFFICE FURNITURE - ED	7/25/02	0			0	0 HY	0	0
67	PHONE SYSTEM	12/30/02	0			0	0 HY	0	0
68	INSTALL NETWORK CABLE	8/30/02	0			0	0 HY	0	0
69	DELL SERVER	1/28/02	0			0	0 HY	0	0
70	OFFICE DEPOT CHAIR/SHREDDER	2/13/03	0			0	0 HY	0	0
71	DELL MARKETING COMPUTER	9/30/03	0			0	0 HY	0	0
72	10 COMPUTERS	3/16/04	13,740			13,740	5 MO S/L	13,740	0
73	COMPUTER SOFTWARE	7/01/04	3,500			3,500	3 MO S/L	3,500	0
74	FURNITURE	4/12/04	782			782	10 MO S/L	606	79
76	DELL LAPTOP	6/20/06	1,393			1,393	5 MO S/L	1,393	0
77	3 CHAIRS	7/24/06	317			317	7 MO S/L	245	46
78	FILING CABINET	12/12/06	106			106	7 MO S/L	77	15
79	FUNDRAISER SOFTWARE	12/29/06	0			0	0 HY	0	0
80	COMPUTER DFS ACCEPT	12/11/07	2,531			2,531	5 MO S/L	2,067	464
81	TELEPHONE SYSTEM	12/11/07	1,450			1,450	7 MO S/L	846	207
83	FURNITURE-OFFICE DEPOT	11/13/07	606			606	7 MO S/L	361	86
84	LOBBY SIGN	11/28/07	995			995	7 MO S/L	580	143
85	PRINTER	6/15/09	429			429	5 MO S/L	222	85
86	COMPUTER SOFTWARE	6/15/09	590			590	3 MO S/L	508	82
87	COMPUTER	6/15/09	671			671	5 MO S/L	347	134
88	PRINTER/SCANNER	6/15/09	758			758	5 MO S/L	392	151

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
89	PRINTER	10/02/09	225		225	5 MO S/L	101	45
90	COMPUTER	10/19/09	1,007		1,007	5 MO S/L	436	202
91	FURNITURE	4/21/09	1,231		1,231	7 MO S/L	469	176
92	CHAIRS - HEATHER	7/02/09	65		65	7 MO S/L	23	9
93	FURNITURE	7/21/09	545		545	7 MO S/L	188	78
94	FILE CABINET	10/19/09	225		225	7 MO S/L	70	32
95	COMPUTER MONITOR PRINTER	11/17/10	1,060		1,060	5 MO S/L	230	212
96	OFFICE EQUIPMENT	12/14/10	230		230	7 MO S/L	36	32
97	WORK STATION	5/06/10	864		864	7 MO S/L	206	123
98	PRINTERS	6/14/10	240		240	7 MO S/L	54	35
99	FILING CABINET	8/16/10	717		717	7 MO S/L	137	102
100	DESK & CHAIRS	10/18/10	555		555	7 MO S/L	93	79
101	TELEPHONE	11/06/10	288		288	7 MO S/L	48	41
102	TRAINING ROOM FURNITURE	11/17/10	10,740		10,740	7 MO S/L	1,662	1,534
103	APPLE COMPUTER	9/07/11	2,281		2,281	5 MO S/L	152	456
104	DELL OPTIPLEX 990	12/30/11	1,348		1,348	5 MO S/L	0	270
105	FILE CABINET	1/17/12	180		180	7 MO S/L	0	24
106	BOOK CASE	3/19/12	430		430	7 MO S/L	0	46
107	CHAIR	6/14/12	297		297	7 MO S/L	0	25
108	DESK CHAIR FILE CABINET	8/13/12	4,447		4,447	7 MO S/L	0	265
109	EXPANSION SUITE 505	10/17/12	10,793		10,793	15 MO S/L	0	120
110	MICROSOFT SOFTWARE	2/14/12	25,002		25,002	5 MO S/L	0	4,584
111	TARRANT TECH COMPUTERS	2/02/12	11,573		11,573	5 MO S/L	0	2,122
112	10 COMPUTERS 2 LAPTOPS	4/30/12	15,734		15,734	5 MO S/L	0	2,098
<b>Total Other Depreciation</b>			<u>117,945</u>		<u>117,945</u>		<u>28,789</u>	<u>14,202</u>
<b>Total ACRS and Other Depreciation</b>			<u>117,945</u>		<u>117,945</u>		<u>28,789</u>	<u>14,202</u>
<b>Grand Totals</b>			120,542		120,542		31,311	14,277
<b>Less: Dispositions and Transfers</b>			0		0		0	0
<b>Net Grand Totals</b>			<u>120,542</u>		<u>120,542</u>		<u>31,311</u>	<u>14,277</u>

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	2	COMPUTER WORKSTATION	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2	COMPUTER WORKSTATION	7/01/88	200	0	0
			<u>200</u>	<u>0</u>	<u>0</u>
<b>ACRS:</b>					
1	4 DRAWER LATERAL FILE	7/01/86	144	0	0
	<b>Total ACRS Depreciation</b>		<u>144</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>					
20	TV AND VCR	3/15/95	610	0	0
21	DISPLAY BOARD	8/09/95	388	0	0
23	LASER WRITER	1/22/96	848	0	0
25	BOARD ROOM FURNITURE	3/26/98	4,705	0	0
27	LECTERN	3/23/98	149	0	0
28	CHAIR WITH ADJUSTABLE ARMS	3/23/98	159	0	0
29	GUEST CHAIRS	3/23/98	556	0	0
30	HP LASER PRINTER	5/20/98	1,190	0	0
31	3 COMPUTERS - LUCKY	5/20/98	2,430	0	0
32	CHAIR - NATASHA	7/20/98	100	0	0
34	OFFICE DEPOT STORAGE CABINET	7/30/98	116	0	0
35	OFFICE DEPOT LEATHER MANAGERS CH/	8/06/98	130	0	0
36	OFFICE DEPOT FILE CABINET	8/11/98	80	0	0
37	2 HP/III LASER PRINTERS	8/24/98	200	0	0
38	IOME ZIP DRIVE	12/18/98	170	0	0
39	COMPUTERS - BELL	4/30/98	1,620	0	0
41	ONE COMPUTER - LUCKY	7/27/98	810	0	0
42	COMPUTER NETWORKING	4/30/98	1,250	0	0
43	HP COLOR PRINTER	7/21/99	300	0	0
44	DESK CHAIR	10/20/99	100	0	0
45	FILE CABINET	10/20/99	80	0	0
47	DIGITAL CAMERA	12/09/99	289	0	0
48	COMPUTER	10/06/99	1,305	0	0
50	FAX MACHINE	4/03/00	160	0	0
51	HP COLOR PRINTER	5/01/00	180	0	0
52	HP COMPUTER	5/26/00	869	0	0
53	PANASONIC CAMCORDER	1/19/01	478	0	0
54	PRO SERIES TRIPOD	1/19/01	50	0	0
55	PANASONIC TV	2/07/01	350	0	0
56	PANASONIC VCR	2/07/01	111	0	0
57	OFFICE DEPOT TV CART	2/07/01	180	0	0
58	EPSON PRINTER	12/04/01	150	0	0
59	SCANNER	12/04/01	100	0	0
60	FILE CABINET	12/04/01	100	0	0
61	FILE CABINET - ARLINGTON OFFICE FURN	12/18/01	129	0	0
62	OFFICE FURNITURE - ED	11/25/02	898	0	0
63	CONFERENCE ROOM FURNITURE	11/25/02	6,614	0	0
64	RECEPTIONIST DESK AREA	11/25/02	4,099	0	0
65	RECEPTION AREA	11/25/02	3,338	0	0
66	OFFICE FURNITURE - ED	7/25/02	360	0	0
67	PHONE SYSTEM	12/30/02	5,966	0	0
68	INSTALL NETWORK CABLE	8/30/02	1,870	0	0
69	DELL SERVER	1/28/02	1,340	0	0
70	OFFICE DEPOT CHAIR/SHREDDER	2/13/03	250	2	0
71	DELL MARKETING COMPUTER	9/30/03	1,517	0	0
72	10 COMPUTERS	3/16/04	13,740	0	0
73	COMPUTER SOFTWARE	7/01/04	3,500	0	0
74	FURNITURE	4/12/04	782	78	78
75	LASER PRINTER	11/28/05	502	0	0
76	DELL LAPTOP	6/20/06	1,393	0	0
77	3 CHAIRS	7/24/06	317	26	26
78	FILING CABINET	12/12/06	106	14	14
79	FUNDRAISER SOFTWARE	12/29/06	3,098	0	0
80	COMPUTER DFS ACCEPT	12/11/07	2,531	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
81	TELEPHONE SYSTEM	12/11/07	1,450	207	207
82	COMPUTER TARRANT TECH	8/15/07	897	0	0
83	FURNITURE-OFFICE DEPOT	11/13/07	606	87	87
84	LOBBY SIGN	11/28/07	995	142	142
85	PRINTER	6/15/09	429	86	86
86	COMPUTER SOFTWARE	6/15/09	590	0	0
87	COMPUTER	6/15/09	671	134	134
88	PRINTER/SCANNER	6/15/09	758	152	152
89	PRINTER	10/02/09	225	45	45
90	COMPUTER	10/19/09	1,007	201	201
91	FURNITURE	4/21/09	1,231	176	176
92	CHAIRS - HEATHER	7/02/09	65	10	10
93	FURNITURE	7/21/09	545	78	78
94	FILE CABINET	10/19/09	225	32	32
95	COMPUTER MONITOR PRINTER	11/17/10	1,060	212	212
96	OFFICE EQUIPMENT	12/14/10	230	33	33
97	WORK STATION	5/06/10	864	124	124
98	PRINTERS	6/14/10	240	34	34
99	FILING CABINET	8/16/10	717	102	102
100	DESK & CHAIRS	10/18/10	555	79	79
101	TELEPHONE	11/06/10	288	41	41
102	TRAINING ROOM FURNITURE	11/17/10	10,740	1,535	1,535
103	APPLE COMPUTER	9/07/11	2,281	457	457
104	DELL OPTIPLEX 990	12/30/11	1,348	269	269
105	FILE CABINET	1/17/12	180	25	25
106	BOOK CASE	3/19/12	430	62	62
107	CHAIR	6/14/12	297	42	42
108	DESK CHAIR FILE CABINET	8/13/12	4,447	635	635
109	EXPANSION SUITE 505	10/17/12	10,793	719	719
110	MICROSOFT SOFTWARE	2/14/12	25,002	5,000	5,000
111	TARRANT TECH COMPUTERS	2/02/12	11,573	2,314	2,314
112	10 COMPUTERS 2 LAPTOPS	4/30/12	15,734	3,147	3,147
	<b>Total Other Depreciation</b>		<u>169,136</u>	<u>16,300</u>	<u>16,298</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,280</u>	<u>16,300</u>	<u>16,298</u>
	<b>Grand Totals</b>		<u>169,480</u>	<u>16,300</u>	<u>16,298</u>



Asset	Description	Date In Service	Cost	TX
<b>Prior MACRS:</b>				
2	COMPUTER WORKSTATION	7/01/88	200	0
			<u>200</u>	<u>0</u>
<b>ACRS:</b>				
1	4 DRAWER LATERAL FILE	7/01/86	144	0
	<b>Total ACRS Depreciation</b>		<u>144</u>	<u>0</u>
<b>Other Depreciation:</b>				
20	TV AND VCR	3/15/95	610	0
21	DISPLAY BOARD	8/09/95	388	0
23	LASER WRITER	1/22/96	848	0
25	BOARD ROOM FURNITURE	3/26/98	4,705	0
27	LECTERN	3/23/98	149	0
28	CHAIR WITH ADJUSTABLE ARMS	3/23/98	159	0
29	GUEST CHAIRS	3/23/98	556	0
30	HP LASER PRINTER	5/20/98	1,190	0
31	3 COMPUTERS - LUCKY	5/20/98	2,430	0
32	CHAIR - NATASHA	7/20/98	100	0
34	OFFICE DEPOT STORAGE CABINET	7/30/98	116	0
35	OFFICE DEPOT LEATHER MANAGERS CH/	8/06/98	130	0
36	OFFICE DEPOT FILE CABINET	8/11/98	80	0
37	2 HPIIP LASER PRINTERS	8/24/98	200	0
38	IOME ZIP DRIVE	12/18/98	170	0
39	COMPUTERS - BELL	4/30/98	1,620	0
41	ONE COMPUTER - LUCKY	7/27/98	810	0
42	COMPUTER NETWORKING	4/30/98	1,250	0
43	HP COLOR PRINTER	7/21/99	300	0
44	DESK CHAIR	10/20/99	100	0
45	FILE CABINET	10/20/99	80	0
47	DIGITAL CAMERA	12/09/99	289	0
48	COMPUTER	10/06/99	1,305	0
50	FAX MACHINE	4/03/00	160	0
51	HP COLOR PRINTER	5/01/00	180	0
52	HP COMPUTER	5/26/00	869	0
53	PANASONIC CAMCORDER	1/19/01	478	0
54	PRO SERIES TRIPOD	1/19/01	50	0
55	PANASONIC TV	2/07/01	350	0
56	PANASONIC VCR	2/07/01	111	0
57	OFFICE DEPOT TV CART	2/07/01	180	0
58	EPSON PRINTER	12/04/01	150	0
59	SCANNER	12/04/01	100	0
60	FILE CABINET	12/04/01	100	0
61	FILE CABINET - ARLINGTON OFFICE FURN	12/18/01	129	0
62	OFFICE FURNITURE - ED	11/25/02	898	0
63	CONFERENCE ROOM FURNITURE	11/25/02	6,614	0
64	RECEPTIONIST DESK AREA	11/25/02	4,099	0
65	RECEPTION AREA	11/25/02	3,338	0
66	OFFICE FURNITURE - ED	7/25/02	360	0
67	PHONE SYSTEM	12/30/02	5,966	0
68	INSTALL NETWORK CABLE	8/30/02	1,870	0
69	DELL SERVER	1/28/02	1,340	0
70	OFFICE DEPOT CHAIR/SHREDDER	2/13/03	250	2
71	DELL MARKETING COMPUTER	9/30/03	1,517	0
72	10 COMPUTERS	3/16/04	13,740	0
73	COMPUTER SOFTWARE	7/01/04	3,500	0
74	FURNITURE	4/12/04	782	78
75	LASER PRINTER	11/28/05	502	0
76	DELL LAPTOP	6/20/06	1,393	0
77	3 CHAIRS	7/24/06	317	26
78	FILING CABINET	12/12/06	106	14
79	FUNDRAISER SOFTWARE	12/29/06	3,098	0
80	COMPUTER DFS ACCEPT	12/11/07	2,531	0

Asset	Description	Date In Service	Cost	TX
81	TELEPHONE SYSTEM	12/11/07	1,450	207
82	COMPUTER TARRANT TECH	8/15/07	897	0
83	FURNITURE-OFFICE DEPOT	11/13/07	606	87
84	LOBBY SIGN	11/28/07	995	142
85	PRINTER	6/15/09	429	86
86	COMPUTER SOFTWARE	6/15/09	590	0
87	COMPUTER	6/15/09	671	134
88	PRINTER/SCANNER	6/15/09	758	152
89	PRINTER	10/02/09	225	45
90	COMPUTER	10/19/09	1,007	201
91	FURNITURE	4/21/09	1,231	176
92	CHAIRS - HEATHER	7/02/09	65	10
93	FURNITURE	7/21/09	545	78
94	FILE CABINET	10/19/09	225	32
95	COMPUTER MONITOR PRINTER	11/17/10	1,060	212
96	OFFICE EQUIPMENT	12/14/10	230	33
97	WORK STATION	5/06/10	864	124
98	PRINTERS	6/14/10	240	34
99	FILING CABINET	8/16/10	717	102
100	DESK & CHAIRS	10/18/10	555	79
101	TELEPHONE	11/06/10	288	41
102	TRAINING ROOM FURNITURE	11/17/10	10,740	1,535
103	APPLE COMPUTER	9/07/11	2,281	457
104	DELL OPTIPLEX 990	12/30/11	1,348	269
105	FILE CABINET	1/17/12	180	25
106	BOOK CASE	3/19/12	430	62
107	CHAIR	6/14/12	297	42
108	DESK CHAIR FILE CABINET	8/13/12	4,447	635
109	EXPANSION SUITE 505	10/17/12	10,793	719
110	MICROSOFT SOFTWARE	2/14/12	25,002	5,000
111	TARRANT TECH COMPUTERS	2/02/12	11,573	2,314
112	10 COMPUTERS 2 LAPTOPS	4/30/12	15,734	3,147
	<b>Total Other Depreciation</b>		<u>169,136</u>	<u>16,300</u>
	<b>Total ACRS and Other Depreciation</b>		<u>169,280</u>	<u>16,300</u>
	<b>Grand Totals</b>		<u>169,480</u>	<u>16,300</u>

FYE: 12/31/2012

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INETEREST INCOME	\$ 1,102				14	
TOTAL	<u>\$ 1,102</u>					

**Federal Statements**

75-1895412

FYE: 12/31/2012

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
POSTAGE	\$ 7,321	\$ 6,223	512	58
EMERGENCY FUND	6,516	6,516		
BANK CHARGES	5,483		548	4,935
TELEPHONE	4,992	4,244	349	
DUES & SUBSCRIPTIONS	4,452	4,452		
VOLUNTEER RECOGNITION	3,541	3,541		
FUNDRAISING	3,457			3,457
MISCELLANEOUS	3,187	2,709	478	
EQUIPMENT RENTAL	3,073	2,613	230	
CONTRACT LABOR	2,638		2,638	
ANNUAL CAMPAIGN	2,364			2,364
BAD DEBT	1,524	1,524		
MAINTENANCE & REPAIR	52	44	8	
<b>TOTAL</b>	<b>\$ 48,600</b>	<b>\$ 31,866</b>	<b>\$ 4,763</b>	<b>\$ 11,971</b>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SID RICHARDSON FOUNDATION	\$ 140,000	\$ 48,973
AMON CARTER FOUNDATION	50,000	
MORRIS FOUNDATION	145,000	53,973
JP MORGAN	77,500	
XTO ENERGY	170,000	78,973
J HADDAWAY	113,700	22,673
KAPPA ALPHA THETA	251,058	160,031
MEADOWS FOUNDATION	93,000	1,973
TEXAS CASA	461,588	370,561
VOCA ASSISTANCE	128,278	37,251
TOTAL	<u>\$ 1,630,124</u>	<u>\$ 774,408</u>

# Federal Statements

## Schedule A, Part II, Line 12

Description	Amount
COME	\$ 1,900
	5,088
	206,785
ER	24,550
	\$ 238,323