O2719 Pg 7

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2013 Open to Public Inspection

<u>A</u>	For the	e 2013 calendar year, or tax year beginning , and ending		1				
В	Check if a			D Employ	er identification number			
	Address c	hange CASA OF TARRANT COUNTY, INC		ļ				
П	Name cha	Doing Business As			-1895412			
=		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number			
닏	Initial retu	P.O. BOX 32/5		817	<u>7-877-5891 </u>			
	Terminate	d City or town, state or province, country, and ZIP or foreign postal code						
	Amended	return FORT WORTH TX 76113		G Gross rece	eipts\$ 1,540,456			
$\overline{\Box}$	Applicatio	F Name and address of principal officer:	11/-> la 4bia a an					
	лриновно	REBECCA FARROW	n(a) is this a gr	a group return for subordinates? Yes X No				
		PO BOX 3275	H(b) Are all sui	oordinates incli	uded? Yes No			
		FORT WORTH TX 76113	if "No,	" attach a list.	(see instructions)			
1	Tax-exen	npt status: X 501(c)(3)						
	Website	THE COUNTY OF TH	H(c) Group exe	mption numbe	r >			
			ear of formation: 1	.984	M State of legal domicile: TX			
	art I							
[157. 8 9		Briefly describe the organization's mission or most significant activities:						
	' '	SEE SCHEDULE O						
õ								
ā	,							
Governance	3	Check this box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets					
တ္တ		Number of voting members of the governing body (Part VI, line 1a)			21			
مخ «۸		Number of independent voting members of the governing body (Part VI, line 1b)			21			
iţi	1	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		··· 	22			
Activities &	1	the contract of the contract o			353			
ĕ		Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12		··· 	0			
				• • • • • • • • • • • • • • • • • • • •	0			
	101	Net unrelated business taxable income from Form 990-T, line 34	Prior Ye	ar /D	Current Year			
	8 (Contributions and grants (Part VIII, line 1h)	1,27	4,700	1,301,682			
Revenue		Program service revenue (Part VIII, line 2g)			0			
Š		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,102	840			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,501	146,475			
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,303	1,448,997			
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0			
		Benefits paid to or for members (Part IX, column (A), line 4)			0			
	15 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	95	6,931	910,446			
ses	160				0			
Expenses	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,732	Pentell in					
X	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27	5,509	292,148			
		Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)		2,440	1,202,594			
		Revenue less expenses. Subtract line 18 from line 12		3,863	246,403			
- 2	3 19 1	nevertue less expenses. Subtract line to nontline 12	Beginning of Cu		End of Year			
Net Assets or	20	Total assets (Part X, line 16)	1,01	3,143	1,259,546			
Ass	21	Total liabilities (Part X, line 26)		0,000	30,000			
ž	22	Net assets or fund balances. Subtract line 21 from line 20	98	3,143	1,229,546			
	art II	Signature Block						
U	nder pe	nalties of perjury. I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the be	est of my kno	wledge and belief, it is			
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	∍.				
Sig	an	Signature of officer		Date				
He	_	REBECCA FARROW EXECU	TIVE DIE	RECTOR				
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN			
Pai	d	CURT H. OSIEK		self-em	ployed P0053929 <u>5</u>			
	parer	Firm's name RHODES OSIEK PATYK & COMPANY, L.L.P.		Firm's EIN	75-2912970			
	e Only	2170 W. INTERSTATE 20						
	•	Firm's address ARLINGTON, TX 76017] ,	Phone no.	817-274-1700			
N/a	u tho ID	Sidecuses this return with the preparer shown above? (see instructions)			X Yes No			

orm 990 (2013) CASA OF TARRAI		75-1895412	Page 2
Part III Statement of Program	Service Accomplishments		V
Check if Schedule O co	ontains a response or note to any lir	ne in this Part III	<u>rr</u>
Briefly describe the organization's mission	n:		
* * * * * * * * * * * * * * * * * * * *			
Did the organization undertake any signifi	icant 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.		
Did the organization cease conducting, or	r make significant changes in how it conducts	, any program	□ .
services?			Yes 🔀 No
If "Yes," describe these changes on Sch	edule O.		
Describe the organization's program serv	ice accomplishments for each of its three larg	est program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amo	ount of grants and allocations to others,	ı
the total expenses, and revenue, if any, for	r each program service reported.		
(Code:) (Expenses \$	1,029,331 including grants of \$ OR ABUSED AND NEGLECT) (Revenue	e \$
IO ACT AS ADVOCATES F	OR ABUSED AND NEGLECT	ED CHILDREN AS	
WELL AS RECRUITMENT,	SCREENING, TRAINING A	ND SUPERVISION	
OF TARRANT COUNTY VOL	UNTEERS WHO SERVE AS	COURT APPOINTED	
CHILD ADVOCATES ON CA	SES OF CHILD ABUSE AN	D NEGLECT.	
		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
\(\frac{1}{2}\)	including grants of \$) (Revenu	
(Code:) (Expenses \$	moldaling grants of \$\psi\$	······ / (* *
	* * * * * * * * * * * * * * * * * * * *		
(Code:) (Expenses \$	including grants of \$) (Revenu	e \$
		.,	
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
	•••••		• • • • • • • • • • • • • • • • • • • •
1 01 0 0 0 0 0	shedula (C.)		
d Other program services. (Describe in So) (Revenue \$)
(Expenses \$	including grants of \$ 1,029,331) (i teveride ψ	
le Total program service expenses ►	1,049,331		Farm 990 (00)

75-1895412

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, Χ 5 Part III 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 Χ "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 complete Schedule D, Part III 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 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

Did the organization report more than \$15,000 of gross income from gaming aerivities on Part VIII, line 9a? 18 18 X 19 Χ 19 If "Yes," complete Schedule G, Part III Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H _______ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Form 990 (2013)

Pa	art IV Checklist of Required Schedules (continued)		1	
		-	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		v
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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			3.7
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u> _
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	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			ĺ
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	100		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		£T#	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30_		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
U.	complete Schedule N, Part II	32		X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
54	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
06	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
^-	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		X
	Part VI	<u> </u>		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 110 and	38	Х	
_	19? Note. All Form 990 filers are required to complete Schedule O			0 (2013)



Pa	Check if Schedule O contains a response or note to any line in this Par	4 \/				П
	Crieck if Scriedule O cornains a response of flote to any line in this rai	ιν			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number reported in Box 3 or Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
·	and a state to a second of the state of the			1c	A STATE OF THE STA	LEANILES
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · · · · · · · · · · · · · · · · · ·	I	· · · ·	11111	4446
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a.	22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		'	2b	Х	I CONTRACTOR D
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	•		51.534		Follow
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	, jakininku j	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut					
Ta	over, a financial account in a foreign country (such as a bank account, securities account, or other finan			·		
				4a		X
b	account) ? If "Yes," enter the name of the foreign country: ▶			(A. 150)	B.C.	TEM
U	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccounts		··· irai		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X
C	and the control of th					
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	• • • • • • • • •				
va	and the second of the second o			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions					
D	with a series of the control of the land			6b		
7	Organizations that may receive deductible contributions under section 170(c).				to Linguista.	4451
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	vis		N (3.5)		
a	and services provided to the payor?			7a		vater lei annun a l
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	• • • • • • • • •				
·	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100.0	Şari Je	3-321.H
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		·	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract					
	If the organization received a contribution of qualified intellectual property, did the organization file Form					
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		om 1000 0		5. 34.8	
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				K.T.	
	organization, have excess business holdings at any time during the year?			8	diniahian-non	33.83 <u>1</u>
9	Sponsoring organizations maintaining donor advised funds.				atja i	. Ob
а	Did the organization make any taxable distributions under section 4966?			9a	un destina com	
b	Did the organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:	• • • • • • • • •				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		F1961		
b	Gross income from other sources (Do not net amounts due or paid to other sources					
_	against amounts due or received from them.)	11b		13530		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	itiadas mesti sure	Alarma electrical
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				# #	2.1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					And the second
а	Is the organization licensed to issue qualified health plans in more than one state?		\cup	13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.	النتاز			Bright -	10 Jan 1
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C					
DAA				For	m 990	(2013)

Form 990 (2013) CASA OF TARRANT COUNTY, INC. 75-1895412 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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. 1b Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ 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 Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done Χ 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official Χ Other officers or key employees of the organization 15b

	organization's exempt status with respect to such arrangements?
Sec	ction 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 X Upon request Other (explain in Schedule O)

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.

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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

with a taxable entity during the year?

State the name, physical address, and telephone number of the person who possesses the books and records of the 101 SUMMIT AVE, SUITE 505 organization: ► REBECCA FARROW FORT WORTH

TX 76102

817-877-5891

16a

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

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

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

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.

X 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	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N 2 1000 MICO)	organization and related organizations
(1) KARA BELL BOARD MEMBER	1.00	Х						0	0	0
(2) JANET BISHOP BOARD MEMBER	1.00	Х						0	0	0
(3) CRAIG DAVIS PRESIDENT ELECT	1.00	Х						0	0	0
(4) JULIA HUSEMAN BOARD MEMBER	1.00	Х					_	0	0	0
(5) LAURA O'BRIEN BOARD MEMBER	1.00	Х						0	0	0
(6) STEPHEN HOWARD BOARD MEMBER	1.00	Х						0	0	0
(7) TERESA HUBBARD BOARD MEMBER	1.00	Х						0	0	0
(8) ANN JEFFERIES BOARD MEMBER	1.00	X		i e				C	0	0
(9) TERRY SCHULTZ BOARD MEMBER	1.00	Х				6			0	_0
(10) KRISTY CLARK BOARD MEMBER	1.00	x				0	ol		0	0
(11) RICARDO CORONADO		X						C	0	
DAA		1	1			ــــــــــــــــــــــــــــــــــــــ	_	J <u></u>		Form 990 (2013)

(A) Name and title	(B) Average hours per week (list any	box, unless person is both a officer and a director/trustee					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 21000 MICO)	organization and related organizations	
(12) CHRISTINE DOBSON	1.00					7		0	0	0	
BOARD MEMBER (13) MARTIN DURBIN	0.00_	X						0	0	0	
BOARD MEMBER	1.00	х						0	0	.0	
(14) CHRISTINA JOHNSC BOARD MEMBER	1.00	X						0	0	0	
(15) CHARLOTTE KAUFFM BOARD MEMBER	1AN 1,00 0.00	Х						0	0	0	
(16) CLARK RUCKER BOARD MEMBER	1.00	х						0	0	0	
(17) DAVID SEIDLER TREASURER	1.00			x				0	0	0	
(18) IAN PECK	1.00										
PAST PRESIDENT (19) JENNIFER JOHNSON	0.00			Х				0	0	0	
BOARD MEMBER	1.00			X				0	0	0	
1b Sub-total	ets to Part VII, S						>				
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the compensation f	cluding but not lim	ited	to the	ose I	istec	abo	ve) v	who received more than \$100	0,000 in		
3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization continuous. 5 Did any person listed on line 1a for services rendered to the organization and related organization.	rmer officer, directomplete Schedu 1a, is the sum of zations greater the	etor, ele J f repo an \$	or su ortabl 150,0 	ich in le com 000? 	ndivi mpe ' If "\ on fr	dual nsati /es," om a	on a com	nd other compensation from plete Schedule J for such nrelated organization or indiv	the idual	التعاشين التعاديدية فأستياد	
Section B. Independent Contractor 1 Complete this table for your five	e highest compen	sate	d ind	leper	nden	t con	trac	tors that received more than	\$100,000 of		
compensation from the organiz	zation. Report con (A) d business address	npen	satio	n for	the	caler	ndar	year ending with or within th	e organization's tax year. (B) stion of services	(C) Compensation	
Tunio di s											
					·				PY		
Total number of independent or received more than \$100,000 or received.	contractors (included to compensation f	ling l	out n	ot lin	nited nizati	to th	iose	listed above) who	0	Form 990 (2013)	

(A) Name and title	(B) Average hours per week (list any	kod	, unle	ss pe	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(ii <u>2</u> 1000 iii00)	organization and related organizations
(12)LISA GRADY	1.00			37				0	0	0
SECRETARY (13) GLENN MONROE	0.00			X						
PRESIDENT	1.00			Х				0	0	0
(14)										
(15)					_					
(16)										
(17)										
(18)										
(19)										
to tal from continuation she	ets to Part VII, S	ectio	n A .			 	▶ ▶ <u>▶</u>			
Total number of individuals (increportable compensation from	cluding but not lim	ited 1	to the	ose li	isted	abov	e) v	who received more than \$100	0,000 in	
 Did the organization list any foemployee on line 1a? If "Yes," For any individual listed on line organization and related organ 	rmer officer, direct complete Schedu 1a, is the sum of izations greater th	tor, o le J fo repo an \$	or su rtabl 150,0	ich ir e coi 000?	ndivion mper If "Y	dual nsatio /es," (n a	nd other compensation from plete Schedule J for such	the	Yes No
individual 5 Did any person listed on line 1 for services rendered to the or	ganization? If "Yes	e cor	npen mple	satio	on fre	om ar dule <u>J</u>	ny ui for	nrelated organization or indiv such person	<i>i</i> idual	5
Section B. Independent Contractor 1 Complete this table for your five	e highest comper	sate	d ind	eper	iden	t cont	ract	tors that received more than	\$100,000 of	-
compensation from the organiz	zation. Report con (A) d business address	npen	satio	n ror	tne	calen	oar_	year ending with or within the Descrip	(B) of services	(C) Compensation
								<u></u>		
									'	
Total number of independent or received more than \$100,000	contractors (included for someone stier f	ling b	out no	ot lim	nited	to the	se	listed above) who		
received more than \$100,000	or compensation t	TOTAL)	iic 0	yan	بدطاا	011			· · · · · · · · · · · · · · · · · · ·	Form 990 (2013)

Pa	rt VI	III Staten	nent of Reve if Schedule (e nue O contains	a response	or note to any line	in this Part VIII		
		Officer				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated cam	paigns	1a					
iza M		Membership du		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ev	ents	1c					
i i	ď	Related organiz	zations	1d					
iz,	е	Government grants	(contributions)	1e	603,135				
i Sign	f	All other contribution							
三			not included above	1f	698 , 547				
30	_		ns included in lines 1a	-1f: \$		1 201 692			
	h	Total. Add line	s 1a–1f			1,301,682			The all the al
Program Service Revenue	_				Busn. Code	*	and the second s	The second section of the second seco	Att. Control operation of the control of the contro
eve	2a	• • • • • • • • • • • • • • • • • • • •							
Se	b					-			· · · · · · · · · · · · · · · · · · ·
ا چُ	C				1				
E S	u				i				
gra	f		am service reven						
Pro			es 2a-2f						
	3		ome (including d						
			ar amounts)			840			840
	4		vestment of tax-						
	5	Royalties	<u></u>		>				rational and the contract of t
			(i) Real	(1	i) Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	C	Rental inc. or (loss)							Parite and a second
	d 7a	Net rental inco Gross amount from	me or (loss)					10명이 바다 생생이 있었다. 사람은 기자	
	<i>,</i> u	sales of assets	(i) Securities		(ii) Other				
		other than inventory							
	D	Less: cost or other	1						
	_	basis & sales exps. Gain or (loss)							
	c d		ss)		•	- I have been been been been been been been be	a. Alexandria and American and American and American American	alliana (a. e.). Il a l'alternation de la la company de la	subjects on the control of the contr
			om fundraising eve						
venue	ou								
Ş		of contributions	reported on line 1c	s).					
Æ.			: 18		235,084				
Other Re		Less: direct ex	penses	ь	91,459			Manager to the commence of the	Same and the second second second second second
0	С	Net income or	(loss) from fundi	raising <u>events</u>	<u></u>	143,625			
	9a		om gaming activitie	I					
		See Part IV, line	9 19	a					, a
			penses			plant and the second of Children or a second	\sim		
			(loss) from gami	ing acti <u>vities</u>	<u>,,,,,,,,,,,,</u>		 		
	10a		f inventory, less						
			owances						
		Less: cost of g		b		To the Comment of the		landition almost allowed the second second like to be suited	Jana Maria Maria I a Laberta de Composito de Petrologia de Petrologia de Petrologia de Petrologia de Petrologia
	<u>c</u>		(loss) from sales scellaneous Revenue		Busn. Code	i-tra-fri Hill Car	数位标题的证据 法		
	11a		NEOUS INCOME			2,850	2,850	and specification and area. (It is recommended and bloody that I have show a consection	SUBMITTED SUBMIT
	b		NEOUS INCOME		•				
	d		ıue		I				1
	e	Total. Add line	es 11a–11d		.	2,850			
	12		e. See instruction			1,448,997	2,850	0	840
									Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b. Management and expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,150 2,300 19,550 trustees, and key employees 23,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 44,645 700,555 613,570 42,340 Other salaries and wages 7 Pension plan accruals and contributions (include <u>1,</u>305 <u>13</u>,881 1,408 11,168 section 401(k) and 403(b) employer contributions) 5**,**473 $5,\overline{473}$ 98,516 109,462 Other employee benefits 55,605 3,820 63,548 Payroll taxes 10 Fees for services (non-employees): 11 Management b Legal 5,000 5,000 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 371 424 4,429 5,224 Office expenses 13 14 Information technology 15 Royalties 97,454 8,026 9,172 114,652 16 Occupancy 6,004 6,004 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates ______ 21 2,934 16,300 13,366 Depreciation, depletion, and amortization 1,475 5,953 478 Insurance 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.) 37,126 37,126 MARKETING 25,329 25,329 CONTRACT LABOR 13**,**988 13,988 AUTO 12,935 12,935 PRINTING 2,308 6,187 49,637 41,142 All other expenses 99,531 202,594 Total functional expenses. Add lines 1 through 24e . . 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 ▶ | if

following SOP 98-2 (ASC 958-720)

Form 990 (2013) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 671,187 931,323 1 Cash—non-interest bearing 99,549 88,213 2 Savings and temporary cash investments 161,990 152,600 3 Pledges and grants receivable, net 3 4 Accounts receivable, net _____ Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net R Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 169,480 74,956 58,656 b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 17,418 16,797 15 15 Other assets. See Part IV, line 11 1,259,546 1,013,143 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 30,000 30,000 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 30,000 30,000 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,096,008 835,685 27 27 Unrestricted net assets 46,405 26,215 28 Temporarily restricted net assets Permanently restricted net assets

117 (ASC 958), check here ▶ and 107,323 101,053 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,229,546 983,143 33



Total net assets or fund balances

Total liabilities and net assets/fund balances

013,143

1,259,546

Form 990 (2013)



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CASA OF TARRANT COUNTY, INC

Employer identification number 75-1895412

P	art I	Reas		Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ns.		
				t is: (For lines 1 through 11, chec							7		
1	Olgai			ciation of churches described in			a(i).						
	H		cribed in section 170(b)(1)(A			(-)(-)(-)							
2	H			organization described in section	n 170/h\/	1\/ A \/iii\							
3	Н			n conjunction with a hospital des			70/h\/1\/	۸\/iii\ =	inter the	hoenital'	'e name		
4	Ш			in conjunction with a hospital des	CHOGO III S	ection in	0(0)(1)(into the	rioopitai	o namo,		
	_	city, and state						nit door	wibad in		• • • • • • • • • • • • • •		
5	\Box	_	•	a college or university owned or o	perated b	y a govern	mental u	mit desc	nbea in				
	_		o)(1)(A)(iv). (Complete Part I										
6				ernmental unit described in sect									
7	X	An organization	on that normally receives a su	ibstantial part of its support from	a governn	nental unit	or from t	he gene	ral publ	lic			
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II.)									
8				'0(b)(1)(A)(vi). (Complete Part II									
9		An organization	on that normally receives: (1)	more than 33 1/3% of its support	from con	tributions,	member	ship fee	s, and g	gross			
		receipts from	activities related to its exemp	t functions—subject to certain ex	ceptions,	and (2) no	more th	an 33 1/	3% of it	ts			
		support from	gross investment income and	I unrelated business taxable inco	me (less s	ection 511	l tax) froi	n busin	esses				
				1975. See section 509(a)(2). (0									
10				clusively to test for public safety.			(4).						
11	П			clusively for the benefit of, to per				arry out 1	the				
		purposes of o	ne or more publicly supported	d organizations described in sect	ion 509(a)	(1) or sect	ion 509(a)(2). Se	ee secti	ion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and comp	lete lines	11e throu	ıgh 11h.					
		a Type		c Type III-Functions			d [n-functio	nally integra	ted	
е		By checking t	his box. I certify that the orga	nization is not controlled directly	or indirectl	y by one o	r more d	isqualifi	ed perso	ons			
·	ш	other than fou	ndation managers and other	than one or more publicly suppor	ted organi	zations de	scribed i	n sectio	n 509(a	ı)(1)			
		or section 509		, , , , , , , , , , , , , , , , , , , ,	•								
f				nination from the IRS that it is a	Type I, Tyr	e II, or Ty	pe III su	oporting					
•			check this box										
				on accepted any gift or contribution	on from ar	v of the							
g		_		on accepted any give or comment		,							
		following pers		ntrols, either alone or together wit	h nersons	described	in (ii) an	ıd				Yes	No
				supported organization?							11g(i	_	
		• •											\vdash
			member of a person describe								11g(i		
				escribed in (i) or (ii) above?							(118)	11/1	·
h			ollowing information about the		10.31.0.		(A) Did		(14)	is the	(vii) Amoun	of mone	nton.
(•	e of supported	(II) EIN	(III) Type of organization (described on lines 1-9		organization isted in your		ou notify ization in		tion in col.		port	ciary
	or	ganization		above or IRC section		document?	col. (i)	of your		ized in the			
				(see instructions))		Т		oort?		S.?			
					Yes	No _	Yes	No	Yes	No			
(A)													
										<u> </u>			
(B)													
						<u> </u>			ļ	-			
(C)													
						ļ <u></u>							
(D)					1								
·=:					-		-		 	 			
(E)							1						
					E CONTRACTOR	Mental	1.14		Press	接流			
Tot	al					TO SERVE	比如榜	种类源					

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



Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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.)

	tion A. Public Support											
Calen	dar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	612,982	916,130	1,043,107	1,274,700	1,301,682	5,148,601					
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	612,982	916,130	1,043,107	1,274,700	1,301,682	5,148,601					
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)				TEMPERATE EVALUE ELET-基本社会 医动脉反应		1,216,562					
6	Public support. Subtract line 5 from line 4.			4.256,872,473			3,932,039					
	tion B. Total Support	100										
	ıdar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
7	Amounts from line 4	612,982	916,130	1,043,107	1,274,700	1,301,682	5,148,601					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,507	1,123	760	1,102	840	6,332					
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.)		6,559				31,626					
11	Total support. Add lines 7 through 10			Žes.		I	5,186,559					
12	Gross receipts from related activities, etc. (see instructions) \dots				12	237,934					
13	First five years. If the Form 990 is for the						. □					
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·		<u></u>						
Sec	tion C. Computation of Public S				···		25.01.8/					
14	Public support percentage for 2013 (line 6,						75.81%					
15	Public support percentage from 2012 Sche	dule A, Part II, line	14		(00/		82.13%					
16a	33 1/3% support test—2013. If the organi						▶ [X]					
	box and stop here. The organization qualif 33 1/3% support test—2012. If the organi	les as a publicly sup	oporteo organization	16a and line 15 is	22 1/29/ or more							
b							▶ □					
4	check this box and stop here. The organiz 10%-facts-and-circumstances test—201						' [_]					
17a	10%-racts-and-circumstances test—201											
	Part IV how the organization meets the "fac											
							▶ □					
b	organization	2 If the organization	n did not check a bo	ox on line 13, 16a,	16b. or 17a. and line	8	<u> </u>					
U	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line											
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly											
	supported organization						▶ 🗌					
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see							
	instructions						▶ □					



Page 3

Schedule A (Form 990 or 990-EZ) 2013 CASA OF TARRANT COUNTY, INC

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

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

sec	tion A. Public Support						
alen	dar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual						
2	grants.") 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						
С	Add lines 7a and 7b		Const. Steriograph and set on	\$28 \$ 14 GE 002 021 04488 15	Managa, signis kangangan		
8	Public support (Subtract line 7c from line 6.)		To a second		7 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1		
	tion B. Total Support			Г	1	1 ()(-	40 T I
alen	dar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
0a	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						
С	Add lines 10a and 10b						
1	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,						
14	and 12.) First five years. If the Form 990 is for the	organization's first,	second, third, four	h, or fifth tax year a	s a section 501(c)((3)	
	organization, check this box and stop here						<u></u> ▶ ∐
Sec	tion C. Computation of Public S						
15	Public support percentage for 2013 (line 8,						%_
16	Public support percentage from 2012 Sche					16_	%_
Sec	tion D. Computation of Investme					1,	67
17	Investment income percentage for 2013 (lin					40	<u>%</u> %
18	Investment income percentage from 2012 S	cnedule A, Part III	, iine 1/			18	
19a	33 1/3% support tests—2013. If the organ	ization did not ched	ok the box on line 1	4, and line 15 is mo	eupported organization	tion	▶ □
	17 is not more than 33 1/3%, check this box	cand stop here. T	ne organization qua	unies as a publicly :	supported organization 23	uoii	لسا 💆
b	33 1/3% support tests—2012. If the organ line 18 is not more than 33 1/3%, check this	IZALION OID NOT CHEC	The organization	umie i za, anu ime umalifies es e publ	icly supported organ	nization	▶ □
00	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did	not check a boy or	e. The Organization	h check this hov s	nd see instructions		▶
20	Private foundation. If the organization did	THU CHECK A DUMO!		o, oncor and box a	Sc	hedule A (Form 99	
DAA					•		

Schedule A (F	orm 990 or 990-l	EZ) 2013 CA	<u>SA OF TA</u>	RRANT C	YTYUC	INC		<u>/5-18954</u>	12 Page 4
Part IV	Suppleme	ntal Informat e 12. Also con	ion. Provide	the explana	ations real	uired by Par	t II, line 10 <u>(See instru</u>	; Part II, line ctions).	17a or 17b; and
PART I		10 - OTH							
OTHER	INCOME				\$	31,626			
				• • • • • • • • • • • • • • • • • • • •	••••••				
			.,,						

								• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •			••••••						
						.,.,.,.			
	,.								
						• • • • • • • • • • • • • • • • • • • •			
					,				
								• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •									
				$\mathbb{C}\mathbb{O}$					

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

2013

CASA OF TAR	RANT COUNTY, INC	75-1895412
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization Note. Only a section 501 (instructions.	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	эе
General Rule		
	on filling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money one contributor. Complete Parts I and II.	or .
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the $33^{1}/3$ % support test of the regulations $99(a)(1)$ and $170(b)(1)(A)(v)$ and received from any one contributor, during the year, a contribution \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. and II.	
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, otal contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal rposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	iry,
during the year, of not total to more to year for an exclusion applies to this org	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions dichan \$1,000. If this box is checked, enter here the total contributions that were received during the sively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Re ganization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or rear	id e ule r
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form that must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990).)-EZ or on its



For Paperwork Reduction Act Notice, see the Instructions for 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 P		
(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	\$ 66,343	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	T SCHULTZ 164 DEER CREEK DRIVE ALEDO TX 76008	\$27,194	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SID RICHARDSON FOUNDATION 309 MAIN STREET FORT WORTH TX 76102	\$ 50,000	Person X Payroll
4.3	(b)	(c)	(d)
(a) No.		Total contributions	Type of contribution
(a) No.	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3 FORT WORTH TX 76109	-	* *
No. 4	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3 FORT WORTH TX 76109 (b)	\$ 40,000	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 4	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3 FORT WORTH TX 76109	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3 FORT WORTH TX 76109 (b) Name, address, and ZIP + 4 BANK OF AMERICA C/O HELEN IRWIN EDUCATIONAL TRUST 500 W. 7TH STREET 13TH FLOOR FORT WORTH TX 76102	\$	Person X Payroll
(a) No.	MORRIS FOUNDATION 4545 BELLAIRE DRIVE, #3 FORT WORTH TX 76109 (b) Name, address, and ZIP+4 BANK OF AMERICA C/O HELEN IRWIN EDUCATIONAL TRUST 500 W. 7TH STREET 13TH FLOOR FORT WORTH TX 76102	\$ 40,000 (c) Total contributions \$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

CASA OF TARRANT COUNTY, INC

Employer identification number 75–1895412

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	CITY OF FORT WORTH 1000 THROCKMORTON ST. FORT WORTH TX 76102	\$ 52,516	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8	TEXAS CASA 1501 WEST ANDERSON LANE AUSTIN TX 78757	\$ 368,670	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	VOCA ASSISTANCE 1100 SAN JACINTO BLVD AUSTIN TX 78711	\$ 128,011	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COPY	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

C.7		75-1895412
AND ASSESSED FRANCE	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Depart of bigger	(b) Funds and other accounts
	taran da antara da a	
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	Yes No
	funds are the organization's property, subject to the organization's exclusive legal control?	res [] No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	int 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).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified historic str	ucture
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	The state of the s	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	ng the
J	tax year	
4	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
_	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
6		
_	P	
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)	☐ Yes ☐ No
	(i) and section 170(h)(4)(B)(ii)?	🗀 165 🗀 116
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	tho
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	s tile
COE 1	organization's accounting for conservation easements.	Cimilar Accote
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	ommar 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	sneet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	OT
	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 she	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	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	9
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	• \$
h	Assets included in Form 990, Part X	> \$

169,480



Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

58,656

0 - 410	_
95412	Page -

	Complete if the organization answered "Yes" to F (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
1) Financial d	erivatives		
2) Closely-hel	d equity interests		
(E)			
(F)			
(G)			
/1.1\			
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
Eta Elizarak ai Etaala ukuk	Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11c. See Form 990, Part X, line 13.
**	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u> </u>		****	
(7)			
(8)			
(8) (9) Fotal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(8) (9)	(b) must equal Form 990, Part X, col. (B) line 13.) ▶ Other Assets. Complete if the organization answered "Yes" to F (a) Description	orm 990, Part IV,	per and a recognition of the second control
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" to F	orm 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to F (a) Description		line 11d. See Form 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)		line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F		line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25.	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal i (2)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal i (2) (3)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal i (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) (7) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (8)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) (7) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability ncome taxes	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) (7) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9) (1) Fodal (Column	Other Assets. Complete if the organization answered "Yes" to F (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to F line 25. (a) Description of liability	Form 990, Part IV,	line 11d. See Form 990, Part X, line 15. (b) Book value

DAA

chedule D (Form 990) 2013 CASA OF TARRANT COUNTY, INC		75-1895412	Page 4
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Retui	r n.
Complete if the organization answered "Yes" to Form 990, Pa	<u>art IV, line</u>	12a.	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1 Total revenue, gains, and other support per audited financial statements		1	1,547,116
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a	6,660	######################################
b Donated services and use of facilities	2b	0,000	
c Recoveries of prior year grants		91,459	
d Other (Describe in Part XIII.)			98,119
e Add lines 2a through 2d		l l	1 110 000
3 Subtract line 2e from line 1	T		1,440,991
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		NII NII
b Other (Describe in Part XIII.)	4b	1000	
c Add lines 4a and 4b		4 <u>c</u>	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	VARIAL	5	
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With	122	turn.
Complete if the organization answered "Yes" to Form 990, Pa			1,300,713
1 Total expenses and losses per audited financial statements			2 1,300,713
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	6,660	1777 1787 1788 1784
a Donated services and use of facilities		0,000	
b Prior year adjustments	2b		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
c Other losses		91,459	
d Other (Describe in Part XIII.)			98,119
e Add lines 2a through 2d			1,202,594
3 Subtract line 2e from line 1	T	<u>3</u>	1,202,394
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		71	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		and I
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	1,202,594
Part XIII Supplemental Information	a dia amal Oha	Dart V. Sine 4: Dart V. Sine	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 10 and 20;	Part V, line 4; Part X, line	
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional infor	mation. Nictate Ott	TD
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	TIN E TINE	WCINTS - OIU	ER
SPECIAL EVENT DIRECT COSTS		\$	91,459
SPECIAL EVENT DIRECT COOLS	• • • • • • • • • • • • • • • • • • • •		
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED	IN FIN	NANCIALS - OT	HER
COLCETT DIAME DIDECE COCEC		Ċ	91,459
SPECIAL EVENT DIRECT COSTS	• • • • • • • • • • • • • • • • • • • •		
	•••••		•••••
	• • • • • • • • • • • • • • • • • • • •		
and the			
(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 CASA OF TARRANT COUNTY, INC.	/5-1895412	Page 3
Schedule D (Form 990) 2013 CASA OF TARRANT COUNTY, INC. Part XIII Supplemental Information (continued)		
REPORT OF THE PROPERTY OF THE		
7.17.17.17.17.17.17.17.17.17.17.17.17.17		
		• • • • • • • • • • • • • • • • • • • •
·		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

		• • • • • • • • • • • • • • • • • • • •
y, a see		
עי (עווו וויי וו		

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization CASA OF TARRANT CO	INTY THE				Employer identificati	
Fundraising Activities, Complete i	f the organizat	ion a	nswe	red "Yes" to Form 9	990, Part IV, line	17.
Form 990-EZ filers are not required	to complete th	iis pa	rt.			
1 Indicate whether the organization raised funds through an				rnment grants		
a Mail solicitations	f Solicitation					
b Internet and email solicitations						
c Phone solicitations	g Special fur	naraisir	ng eve	nts		
d In-person solicitations						
 Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in the fif "Yes," list the ten highest paid individuals or entities (fur compensated at least \$5,000 by the organization. 	connection with pro	ofessio t to agr	nal fur eemer	draising services?	aiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raise custo con	d fund- r have ody or trol of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vI) Amount paid to (or retained by) organization
	1	Yes			35 (,)	
1						
	ļ	-				<u> </u>
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶			
3 List all states in which the organization is registered or lic registration or licensing.	ensed to solicit cor	ntributio	ons or	has been notified it is exe	mpt from	
	COP) \\/	,			
			• • • • • •	•••••		

	more than \$15	vents. Complete if the orga	RANT COUNTY, INC anization answered "Yes" to entributions and gross income	Form 990, Part IV, lin	95412 Page 2 e 18, or reported nes 1 and 6b. List
	events with gro	(a) Event #1 SCOTT MOORE DIN (event type)	(b) Event #2 FALL SOCIAL (event type)	(c) Other events $\frac{NONE}{\text{(total number)}}$	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	206,459	28,625		235,084
	Less: Contributions Gross income (line 1 minus line 2)	206,459	28,625		235,084
	4 Cash prizes				
	5 Noncash prizes				
suses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses	82,644	8,815		91,459
P	11 Net income summary. Subart III Gaming. Com	stract line 10 from line 3, column (d)	swered "Yes" to Form 990, F	<u></u>	91,459 143,625 orted more
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1 Gross revenue				
sesued	Cash prizes Noncash prizes				
Direct Ex	4 Rent/facility costs				
	5 Other direct expenses				Total Science Statement Control Science
	6 Volunteer labor	Yes%	Yes % No	Yes % No	
	7 Direct expense summary.	Add lines 2 through 5 in column (d)			
	8 Net gaming income summ	nary. Subtract line 7 from line 1, colu	mn (d)	>	
	Is the organization licensed to	organization operates gaming activition operate gaming activities in each of	ties:these states?		Yes No
	If "No," explain:				

Sche	dule G (Form 990 or 990-EZ) 2013	CASA OF	TARRANT	COUNTY, INC	75-1895412	2 Page 3
11	Does the organization operate gaming a					Yes No
12	Is the organization a grantor, beneficiar					
	formed to administer charitable gaming					Yes No
13	Indicate the percentage of gaming activ	ity operated in:				
а	The organization's facility				13a	%_
b	An outside facility					%_
14	Enter the name and address of the pers	son who prepares t	ne organization's	gaming/special events books a	ınd	
	records:					
	Name ▶					• • • • •
		•				
	Address ▶				,	•••••
15a	Does the organization have a contract v					☐ Yes ☐ No
	revenue?					☐ Yes ☐ No
b	If "Yes," enter the amount of gaming re				and the	
	amount of gaming revenue retained by		\$			
С	If "Yes," enter name and address of the	e third party:				
	Name ▶					• • • • • •
	Address ►					
16	Gaming manager information:					
	Name ▶					
	Name -					
	One-ing manager companyation	•				
	Gaming manager compensation ▶	P				
	Description of services provided ▶					
	Description of services provided					
	Director/officer Er	nployee	Independer	nt contractor		
17	Mandatory distributions:					
 a	Is the organization required under state	a law to make charit	able distributions	from the gaming proceeds to		
_	retain the state gaming license?					Yes No
b	Enter the amount of distributions require	red under state law	to be distributed	to other exempt organizations o	or	
	spent in the organization's own exempt	activities during th	e tax year 🕨	\$		<u>.</u>
Pai	rt IV Supplemental Inform	ation. Provide	the explanat	ions required by Part I,	line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10	b, 15b, 15c, 16	, and 17b, as	applicable. Also compl	ete this part to provide any	•
	additional information	(see instruction	ns)			
						000 571 000
		\bigcirc	$J \square D \triangle A$		Schedule G (Form 99	u or 990- E ∠) 2013
		シスク	ルア Y			
		_				

SCHEDULE O (Form 990 or 990-EZ)

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.

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number

Name of the organization

CASA OF TARRANT COUNTY, INC	75-1895412
FORM 990 - ORGANIZATION'S MISSION	
TO ACT AS ADVOCATES FOR ABUSED AND NEGLECTED CHILDR	EN AS WELL AS
RECRUITMENT, SCREENING, TRAINING, AND SUPERVISION O	
VOLUNTEERS WHO SERVE AS COURT APPOINTED CHILD ADVOC	
OF CHILD ABUSE AND NEGLECT.	
.oronzab.naooz.nab.nao.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCES	S TO REVIEW FORM 990
YES, THE 990 WILL BE DISTRIBUTED TO THE EXECUTIVE C	•
FOR THEM TO REVIEW AND APPROVE	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLI	CTS POLICY
YES, THE WRITTEN POLICY IS DISTRIBUTED ANNUALLY, AC	
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 COMPARISON	S WHEN DETERMINING
COMPENSATION.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS	FOR OFFICERS
CASA CONSIDERS EDUCATIONAL BACKGROUND, PROFESSIONAL	CERTIFICATIONS,
EXPERIENCE LEVEL, AND COMMUNITY/INDUSTRY-COMPARISON	IS WHEN DETERMINING
compensation.	
	······································
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION

Depreciation and Amortization

(Including Information on Listed Property)

179

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

Attach to your tax return.

Identifying number

Building Section To Expect ATTON	0.1011 02 212121212 00000000 7 2000						-	-	
Indication Telephane Cartain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.							109	<u> </u>	
Part		-	D T ON						
Note: If you have any listed property, complete Part V before you complete Part I. Maximum count (see instructions)		IDIRECT DEPRECIAL	I I UN	auto Huday Caatia	n 170				
Maximum amount (see instructions) 1 500,000	MH3	Election 10 Exp	ense Certain Prop	erty under Section	nofore very	omplete Par	+ I		
Total cost of section 179 property placed in service (see instructions) Triveshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation. Subtract line 3 from line 2. Izer or less, enter -0. Dollar limitation for fax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions. Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of line 5 or line 8 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of line 5 or line 8 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of line 5 or line 8 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of line 5 or line 8 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of line 5 or line 8 Total elected cost of section 179 property. Add emounts in column (c), lines 6 and 7 Between the smaller of lines 5 and 10, but do not enter more than line 11 Section 170 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Section 1 or Part III below for listed property. Instead, use Part V. Part III Special Depreciation allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part IIII MACRS deduction for or quilled property (where than listed property.) (See instructions.) Part IIII MACRS deduction for assets placed in service line tax year (see a new part asset seconds, check here. 15							- 1		500 000
Trieshold cost of section 179 property before reduction in limitation (see instructions) 7									300,000
A Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0. 5 Dolar limitation for xives. Subtract line 4 from line 1. If zero or less, enter -0. (a) Description of property. (b) Description of property. (c) Description of property. (d) Description of property. (e) Description									2 000 000
Dollar imitation for fax year, Subtract time 4 from line 1. If zero or less, enter 0-1. If married filing separately, see instructions 7 Listed property. Enter the amount from line 2. If zero or less, enter 0-1. If married filing separately, see instructions 7 Listed property. Enter the amount from line 2. If zero or less, enter 0-1. If married filing separately, see instructions 8 Total elected oset of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Tentative deduction. Enter the smaller of business income (not less than zero) or line 6 (see Instructions) 11 Sussiness income limitation. Enter the smaller of business income (not less than zero) or line 6 (see Instructions) 11 Suspiness income limitation. Enter the smaller of business income (not less than zero) or line 6 (see Instructions) 11 Suspiness income limitation. Enter the smaller of business income (not less than zero) or line 6 (see Instructions) 12 Section 17 Pageness deduction. Add lines a and 10, but do not enter more than line 11 13 Cerryover of disallowed deduction had been added to 10, but on or other more than line 11 14 Special Depreciation allowance or qualified property (other than listed property) placed in service during the tax year (see Instructions). 15 Property subject to section 188(f)(1) election 16 Other depreciation including ACRS) 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are decing to group any assets placed in service in tax years beginning before 2013 18 If you are decing to group any assets placed in service limitation of property 19 Syear property 20 Cassillarion of property 21 Cassillarion of property 22 Year property 23 Year propert									2,000,000
(a) Description of property (b) Cost (business use only) (c) Elected cost (d) Elected cost (e) Elected cost (e) Elected cost (f) Ele	4								
7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentalive deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4592 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 1 12 Section 179 expense deduction. Add lines 9 and 10, but do not other more than line 1 12 Section 179 expense deduction. Add lines 9 and 10, but do not other more than line 1 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 15 Sepcial depreciation allowance for quelified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 1680(11) election 15 Other depreciation (flouring ACRS) Part III MACRS deductions for assets placed in service in tax years beginning before 2013 16 Vivous a electing to group any assets placed in service in tax years beginning before 2013 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 Vivous a electing to group any assets placed in service in tax years rise placed in service expenses and placed in service in tax years as the property of the service property 2 Service Property 3 Section A Section	_5							5	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total carryover of disallowed decluction from line 1 and your 2012 Form 4562 Total Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Total lines the property, loss and the carryover of the ca	6	(a) Descrip	tion of property	(b) C	ost (business use o	only) (C) E	lected cost		
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total carryover of disallowed decluction from line 1 and your 2012 Form 4562 Total Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Total lines the property, loss and the carryover of the ca									
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Total carryover of disallowed decluction from line 1 and your 2012 Form 4562 Total Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Add lines 9 and 10, loss line 12. Total Carryover of disallowed decluction to 2014. Total lines the property, loss and the carryover of the ca						_			
9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4552 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Section 179 expense deduction to 2014. Add lines 9 and 10, less line 12. 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12. 15 13 15 Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 15 Property subject to section 188(f)(1) election 16 Other depreciation (including ACRS) 17 MACRS Depreciation (Do not include listed property.) (See instructions.) 18 If you are electing to group any assats placed in service in tax years beginning before 2013 18 If you are electing to group any assats placed in service in tax years beginning before 2013 19 Jean III Macri Other hard year Othe	7								Marie and the second of the second
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 2 2 3 2 2 3 3 3 3 3	8								
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 2 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 2 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 15 Property subject to section 168(f)(f) election 16 Other depreciation (including ACRS) 17 MACRS Depreciation (Including ACRS) 18 If you are electing to group any assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service in tax year into one or mere general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Shyear property (c) Convention (d) Residential rental property 27.5 yrs. MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System 20 Class life Section C—Assets Placed in Service During 2013 Tax Year Using the General Depreciation deduction property 27.5 yrs. MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Depreciation System 20 Class life Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 Class life 10 Convention of property 21 Listed property 22 Jyrs. S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 21 Listed property. Summary (See instructions.) 22 Total, Add amounts from line 28. [ines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	9								
Section 179 expense deduction. Acid lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2014, Acid lines 9 and 10, less line 12 Note: Do not use Part II or Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Property subject to section 168(f)(1) election 15 15 Cother depreciation (including ACRS) 16 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to prop any assets placed in service in tax year list one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Menth and year insection (classification of property period only or more general asset accounts, check here period on property 25 years years property 25 years y	10								
Carryover of disallowed deduction to 2014, Add lines 9 and 10, less line 12. Isla	11								
Note: Do not use Part III or Part III property in Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 4 Special depreciation (allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 188(f)(1) election 16 Other depreciation (nuclude listed property.) (See instructions.) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service on the or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service during the tax year into one or more general asset accounts, check here (c) Classification of property (d) Recovery part Using the General Depreciation System (d) Recovery part (e) Convention (f) Method (g) Depreciation deduction service particles asserted (cusivessifinestiment use conty-see instructions) (e) Server property 19 25 year property 25 yrs. Srl. 10 Nonresidential rental property 27.5 yrs. MMM Srl. 11 Nonresidential rental property 27.5 yrs. MMM Srl. Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 Class life 21 Listed property. Enter amount from line 28 21 Tatal. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	12	Section 179 expense deduction.	Add lines 9 and 10, but d	o not enter more than line	∍ 11			12	Consequences are to a solution for the first of the second solution of the first of
Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) A special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14		Carryover of disallowed deduction	n to 2014. Add lines 9 and	i 10, less line 12	>	13			
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part IIII MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service in tax years beginning before 2013 19 Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Menih and year (c) Basic for depreciation (d) Recovery pendo deduction service property (c) Tyear property (d) Classification of property (e) Convention (f) Method (g) Depreciation deduction entire transport of the pendo deduction service pendo deduction deduct	Note	Do not use Part II or Part III belov	w for listed property. Inste	ad, use Part V.			<u>-</u>		
during the tax year (see instructions) 14	Pa					ot include list	ed prop	erty.	(See instructions.)
15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part IIII MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service in tax years beginning before 2013 Section B—Assets Placed in service burning 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service burning 2013 Tax Year Using the General Depreciation deduction (c) Recovery period (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (g) Dep	14	Special depreciation allowance for	or qualified property (other	than listed property) pla	ced in service				
16 16,300 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A Section B		during the tax year (see instruction	ons)						
Cither depreciation (including ACRS) 16 16 16 300 Part IIII MACRS Depreciation (Do not include listed property.) (See instructions.) Section A	15	Property subject to section 168(f))(1) election					15_	
Section A MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/finestiment use only-see instructions) (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation (g) Depreciation (g) Depreciation (g) Depreciation (g) Depreciation (g) Deprec	16	Other depreciation (including AC	RS)	.,	<u> </u>	<u></u>		16	16,300
MACRS deductions for assets placed in service in tax years beginning before 2013 17	Pa	rt III MACRS Depreci	ation (Do not inclu	de listed property.)	(See instru	ıction <u>s.)</u>			
18									
Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in Service During 2013 Tax Year Using the General Depreciation (thus insess/investment use only-see instructions) 9a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property f 20-year property f 20-year property g 25-year property l 27.5 yrs. MM S/L property f Nonresidential rental property g 27.5 yrs. MM S/L I Nonresidential real property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year C 40-year C 15-year amount from line 28 1 Itsted property. Enter amount from line 28 1 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	17								0
Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in placed in placed in service placed in Service (e) Convention (f) Method (g) Depreciation deduction (business/investment use only-see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property g 25-year property h Residential rental property I Nonresidential real property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 27 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	18	If you are electing to group any assets pla	ced in service during the tax yea	r into one or more general asse	et accounts, check	here			
(a) Classification of property placed in service (business/investiment use only-see instructions) period (c) Convention (n) Method (d) Depreciation deduction period (e) Convention (f) Method (g) Depreciation deduction period (e) Convention (f) Method (g) Depreciation deduction period (g) Depreciation deduction (g) Depreciation (g)		Section B	-Assets Placed in Ser	vice During 2013 Tax Y	ear Using the	General Depre	iation Sy	stem	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property c 7-5 yrs. MM S/L property c 8-15-year property g 25-year property c 9-year property c 9-year property c 10-year prope		(a) Classification of property	placed in	(business/investment use	1	(e) Convention	(f) Method		(g) Depreciation deduction
c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property property 27.5 yrs. MM i Nonresidential real property property 39 yrs. MM MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	19a	3-year property							
d 10-year property e 15-year property	b	5-year property							
e 15-year property f 20-year property g 25-year property h Residential rental property 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year 12 yrs. S/L part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12. lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	С	7-year property							
f 20-year property g 25-year property h Residential rental property 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	d	10-year property							
g 25-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	е	15-year property							
g 25-year property 25 yrs. S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	f	20-year property							
h Residential rental property 27.5 yrs. MM S/L i Nonresidential real property 39 yrs. MM S/L i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 12 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	q				25 yrs.		S/L		
property i Nonresidential real property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 27.5 yrs. MM S/L MM S/L S/L S/L S/L 40 yrs. MM S/L 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here	h				27.5 yrs.	MM	S/L		
Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here					27.5 yrs.	MM	S/L		
property Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year c 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here		Nonresidential real			39 yrs.	MM	S/L		
20a Class life	•					MM	S/L		
20a Class life	-	Section C-	-Assets Placed in Servi	ce During 2013 Tax Ye	ar Using the A	liternative Depre	eciation S	ysten	n
b 12-year	20a								
c 40-year					12 yrs.				
Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here					40 yrs.	MM	S/L		
21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12. lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here			nstructions.)	· · · · · · · · · · · · · · · · · · ·					
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here								21	
and on the appropriate lines of your return. Partnerships and S corporations—see instructions		and on the appropriate lines of w	our return. Partnerships a	nd S corporations—see	instructions			22	16,300
23 For assets shown above and placed in service during the current year, enter the	23								
portion of the basis attributable to section 263A costs	_5	l == l							

For Paperwork Reduction Act Notice, see separate instructions.



Form 4562 (2013)