#### CHANGE OF ACCOUNTING PERIOD

**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.

Form 990 (2017)

Department of the Treasury

mern	ui Reven	Go to www.irs.gov/Form990 for instructions and			Inspection		
A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and	ending	DEC 31, 2017			
B c	heck if pplicable	FOUNDATION FOR DEPENDENT CHILDREN S		D Employer identification number			
	Name change	Doing business as		74-1	<u> 157363                                    </u>		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 4950 MEMORIAL DRIVE	Room/sı		r 802-7716		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,595,015.		
_	Amend			H(a) Is this a group re			
누	_lreturn ∏Applica		<del></del>	for subordinates			
	⊥tion pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		mpt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or	527 If "No," attach a	list. (see instructions)		
		e: ▶ N/A		H(c) Group exemptio			
		organization: X Corporation	LY	ear of formation: 1893 N	A State of legal domicile: TX		
Pa		Summary					
		Briefly describe the organization's mission or most significant activities THE I			ARY PURPOSE		
2		IS TO PROVIDE SUPPORT TO DEPELCHIN CHILDR	en's	CENTER, A 50	1(C)(3)		
Governance	2	Check this box In the organization discontinued its operations or dispos	ed of m	ore than 25% of its net ass	sets.		
ver	з	Number of voting members of the governing body (Part VI, line 1a)		3	9		
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		4	9		
		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0		
Activities	1	Fotal number of volunteers (estimate if necessary)		6	0		
ŧ;	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
Ac	1	• • •		7a 7b	0.		
_	-	Net unrelated business taxable income from Form 990-T, line 34					
		0 4 1 4 4 70 4 AMIL 1 4 4 AM		Prior Year 0 .	Current Year		
စ္	l	Contributions and grants (Part VIII, line 1h)		0.	0.		
E E	l	Program service revenue (Part VIII, line 2g)			0.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	၂႘၂	1,214,667.	1,097,411.		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 10c, and 11e)	Ŏ	5,277.	432.		
		Fotal revenue - add lines 8 through 11 (must equal Ran VIII Volum (A) line 128		1,219,944.	1,097,843.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18	3,723,745.	1,575,000.		
	14	Benefits paid to or for members (Part IX, column (A) line 4)OCDEN. LIT	_=	0.	0.		
ဟ္	45	Salaries, other compensation, employee benefits (Part-IX, column (A), ines-5-10)	<del></del>	0.	0.		
Expenses	16a i	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0		
ed.	Ь.	Fotal fundraising expenses (Part IX, column (D), line 25)	0.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		534,822.	282,670.		
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,258,567.	1,857,670.		
	l	Revenue less expenses. Subtract line 18 from line 12		-3,038,623.	-759,827.		
, S				Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		72,476,502.	75,926,350.		
SS	21	Fotal liabilities (Part X, line 26)		32,423.	26,247.		
let/	22	Net assets or fund balances Subtract line 21 from line 20		72,444,079.	75,900,103.		
	rt II	Signature Block		, _ , , _ , _ ,	, , , , , , , , , , , , , , , , , , , ,		
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and ctat	amente and to the best of my	knowledge and helief it is		
		ties of perjuly, t decide that t have examined this return, including accompanying schedules, and complete. Declaration of prepared tother than officer) is based on all information of wh			Knowledge and belief, it is		
uue,	Correc	, and complete. Devaration of prepare Johnst than officer) is based on an information of whi	icii pi epi		. 10		
		Sugnature of officer		Date 1	०/ ४		
	Sign Signature of officer Date '						
Her	e	BRIAN PATE, CFO					
		Type or print name and title		I Data I a	DTIN		
	-	Print/Type preparer's name Pregarer's signature	hors	Date Check	PTIN		
Paid		V V	wis	10/04/18 self-employ			
Prep	arer	Firm's name DOEREN MAYHEW		Firm's EIN ▶	38-2492570		
Use	Use Only Firm's address ONE RIVERWAY, SUITE 1200						
		HOUSTON, TX 77056		Phone no. 71	<u>3-789-7077                                  </u>		
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2017) CENTER /4-115/36	3 Page 2
Par	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	THE FOUNDATION'S PRIMARY PURPOSE IS TO PROVIDE SUPPORT TO DEPELCHI	N
	CHILDREN'S CENTER, A 501(C)(3) ENTITY, WHOSE MISSION IS TO STRENGT	HEN
	THE LIVES OF CHILDREN BY ENHANCING THEIR MENTAL HEALTH AND PHYSICA	
	WELL-BEING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	, , , , , , , , , , , , , , , , , , , ,	res X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	165 [21] 110
_	· · ·	res X No
3		res A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
	revenue, if any, for each program service reported.	
4a		<del>7,447.</del> )
	THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER'S PRIMARY PURPOSE I	
	OWN, OVERSEE AND MANAGE TRUST FUNDS AND CERTAIN OTHER PROPERTIES T	
	MAY BE USED TO BENEFIT DEPELCHIN CHILDREN'S CENTER AND IT'S AFFILIA	
	DEPELCHIN PSYCHIATRIC SERVICES. DEPELCHIN CHILDREN'S CENTER PROVID	ED
	THE FOLLOWING SERVICES IN CALENDAR YEAR 2017:	
	1. FOSTER CARE - 83,582 DAYS OF CARE FOR 454 ABUSED CHILDREN	
	2. PREVENTION/EARLY INTERVENTION, COUNSELING AND PARENT EDUCATION	<del>-</del>
	114,377 CLIENT SERVICE HOURS	
	3. RESIDENTIAL TREATMENT SERVICES - 2,742 DAYS OF CARE FOR 15 CHIL	DRRN
		DREIN
	5. ADOPTION - 89 CHILDREN PLACED FOR ADOPTION	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
4-	10	
4c	(Code) (Expenses \$) (Revenue \$)	··
4d	Other program services (Describe in Schedule O )	
Tu		
4-	1 000 250	
<u>4e</u>		m <b>990</b> (2017)
	FOI	(2017)

Form 990 (2017) CENTER
Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,,,	
٠	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ۱		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			┰
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ا مما		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	Η''''		
120	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990	2017

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </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 employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	2017)

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
	•				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1		Ι,
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	e gaming	1		ļ. <sup>-</sup>
•	(gambling) winnings to prize winners?		J	1c	X	ļ ——
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		<u> </u>		
20	filed for the calendar year ending with or within the year covered by this return	2a	0			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	<del> </del>	
b				20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction.	s)				X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	<del>                                     </del>	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			١.		<b> </b> ₩
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount	)′	4a		X
Þ	If "Yes," enter the name of the foreign country				٠.	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts	s (FBAH)		<b> </b>	<del> </del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<b>—</b>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organ	ization solicit			l
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices pr	ovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi	red	1	ŀ	
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract1	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7 <del>f</del>		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				~	
	sponsoring organization have excess business holdings at any time during the year?	.,		8		
9	Sponsoring organizations maintaining donor advised funds.			Ť	ш	
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter				,	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			•	
11	• •	100	-			
	Section 501(c)(12) organizations. Enter	1 44.		,	, .	
a	Gross income from members or shareholders	11a		l'		
D	Gross income from other sources (Do not net amounts due or paid to other sources against					Ι.
40-	amounts due or received from them)	11b	-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		├
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			, 1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			45	-	-
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			'		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		٠.		,
C	Enter the amount of reserves on hand	13c		<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a_	<u> </u>	X
h	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an evaluation in Schodul	^ ^		14h		l .

Form **990** (2017)

FOUNDATION FOR DEPELCHIN CHILDREN'S 74-1157363 Form 990 (2017) CENTER Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 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. 9 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Яа a The governing body? X b 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 X 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 Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain in Schedule O) \_\_ Own website X Another's website 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 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2017)

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Page 7

#### Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

# Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per	Average Position (do not check more than one box, unless person is both an					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CHARLES SZALKOWSKI	1.50	X		77				0.	0	•
CHAIR (2) SCOTT GALLOWAY	0.80	X		Х		┢	_	0.	0.	0
DIRECTOR	0.80	x						0.	0.	0
(3) RUSSELL HAWKINS	0.80	A	H	_	-	┢	-	•	<u> </u>	
DIRECTOR	0.00	x						0.	0.	0
(4) JIM HENDERSON	0.80	<del>                                     </del>				t	H			
DIRECTOR		x						0.	0.	0
(5) JAMIE HOUSE	0.80									
DIRECTOR		x						0.	0.	0
(6) CARLA KNOBLOCH	0.80									
DIRECTOR		X						0.	0.	0
(7) RAHUL MEHTA	0.80	1								
DIRECTOR		X	Ш			L	<u> </u>	0.	0.	0
(8) JOHN STOKES	0.80	┨				l	ŀ	}		_
DIRECTOR		X	Ш			<u> </u>		0.	0.	0
(9) HARPER TRAMMELL	0.80	ļ. <u>.</u>	•						•	0
DIRECTOR	2 50	Х				┡	├—	0.	0.	0
(10) JENIFER JARRIEL PRESIDENT/CEO	2.50 42.50	1		x		ĺ		0.	285,150.	74,957
(11) JEFF GENTRY	42.50	⊢	Н			-		0.	205,150.	14,331
SECRETARY	40.00	1		х				0.	196,056.	20,445
(12) WANDA WOODY ROBERTS	0.50	$\vdash$		43		-	$\vdash$	<u> </u>	150,0501	20,443
SECRETARY	40.50	1		Х				0.	167,742.	17,597
		┪					Н			
		1								
		1					L			
<del></del>		$oxed{oxed}$					$ldsymbol{f eta}$			
		1								
						lacksquare	L			
		1								
		L	L							

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017)

\$100,000 of compensation from the organization

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Part VIII | Statement of Revenue

DAMED

Га	rt VI	<b></b>			Ab Dt \ ////			
	•	Check if Schedule O cont	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contr butions, Gifts, Grants   Bevenue and Other Similar Amounts	1 ab		ts, and ve 1f		,		-	
Jram Reve	c	i					-	-
Prog	f	All other program service reve	nue					
		Total. Add lines 2a-2f					•	
	3	Investment income (including other similar amounts) Income from investment of tax		▶	839,430.	839,430.		200
	5	Royalties	(i) Real	(ii) Personal	396.			396.
	c	Less rental expenses Rental income or (loss)	() Ticul					
	7 a	I Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities 1,755,153.					
		Gain or (loss)	257,981.				<del> </del>	·
		<ul> <li>Net gain or (loss)</li> <li>Gross income from fundraising</li> </ul>	a avanta (nat		257,981.	257,981.		
Other Revenue	b	including \$ contributions reported on line Part IV, line 18 Less direct expenses	of 1c) See a					
Ĭ		Net income or (loss) from fund	=	<b></b>				1
		<ul> <li>Gross income from gaming ac Part IV, line 19</li> <li>Less direct expenses</li> </ul>	ativities. See a 					,
		Net income or (loss) from game Gross sales of inventory, less		<b>&gt;</b>				
		and allowances  Loss cost of goods sold  Not proceed by from sole	a b		·- ·	·	<u>.</u>	
1		Net income or (loss) from sale: Miscellaneous Revenue		Business Code				
	11 a		•					
	b							
	C			900099	36.	36.	· ·	
		I All other revenue  Total. Add lines 11a-11d		300033	36.			
	12	Total revenue. See instructions.			1,097,843.	1,097,447.	0.	396.
	12	. Jean tevenue. Oce monucuons.	<del></del>		-,,	_, -,,, -		- 000

74-1157363 Form 990 (2017) CENTER Page 10 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 (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to domestic organizations 1,575,000. 1,575,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) Management **b** Legal 29,302 29,302 Accounting Lobbying Professional fundraising services. See Part IV, line 17 28,229. 28,229. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 9. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 173,490 173,490. 22 Depreciation, depletion, and amortization 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 554 47,554 REAL ESTATE TAXES 4,086. 4,086. All other expenses 1,857,670. 1,828,359. 29,311. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

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educational campaign and fundraising solicitation. Check here ff following SOP 98-2 (ASC 958-720)

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Part )	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
٠			(A) Beginning of year		(B) End of year
Т •	1	Cash - non-interest-bearing	290,271.	1	355,498
2	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net		4	
5	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
e l		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
٤   ¥	8	Inventories for sale or use		8	
9	9	Prepaid expenses and deferred charges		9	
10	0a	Land, buildings, and equipment cost or other	•	·	
		basis Complete Part VI of Schedule D 10a 16,781,752.			
	b	Less accumulated depreciation 10b 10,453,877.	6,501,364.	10c	6,327,875
1.	1	Investments - publicly traded securities	65,684,867.	11	69,242,977
12	2	Investments - other securities See Part IV, line 11		12	
13	3	Investments - program-related See Part IV, line 11		13	· <del></del>
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	6	Total assets. Add lines 1 through 15 (must equal line 34)	72,476,502.	16	75,926,350
17	7	Accounts payable and accrued expenses	32,423.	17	26,247
18	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	
2.	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္က 22	2	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons	<del></del>		
Liabilities		Complete Part II of Schedule L		22	
그   23	3	Secured mortgages and notes payable to unrelated third parties		23	_
24	4	Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	20 402	25	06 047
_   26	6	Total liabilities. Add lines 17 through 25	32,423.	26	26,247
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	L.		
es		complete lines 27 through 29, and lines 33 and 34.	15 177 265		15 756 005
ဋ   27		Unrestricted net assets	15,177,365.	27	15,756,825
1 28 1 28		Temporarily restricted net assets	33,036,981.	28	35,870,965
뒫   29	9	Permanently restricted net assets	24,229,733.	29	24,272,313
₫		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ş   30		Capital stock or trust principal, or current funds		30	
& 3.		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated income, or other funds	72 444 070	32	75 000 102
_  ~		Total net assets or fund balances	72,444,079.	33	75,900,103
34	4	Total liabilities and net assets/fund balances	72,476,502.	34	75,926,350

Form 990 (2017)

Form	990 (2017) CENTER	74-1	<u> 157363</u>	Page 1
Pa	rt XII Reconciliation of Net Assets	•		
	Check if Schedule O contains a response or note to any line in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,843.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,857	
3	Revenue less expenses Subtract line 2 from line 1	3		,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	72,444	
5	Net unrealized gains (losses) on investments	5	4,215	,851.
6	Donated services and use of facilities	6	·	
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	75,900	,103.
;Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	5.3	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	€ d-3:	<b>经</b>
	consolidated basis, or both		F. 5.	到達
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	<u> </u>	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O	1300	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt	- A-10	1
	Act and OMB Circular A-133?	-	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	•	3b	

Form **990** (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury nternal Revenue Service

Name of the organization

## **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.

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

FOUNDATION FOR DEPELCHIN CHILDREN'S

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

74-1157363 CENTER Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. \_\_\_\_ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions)) DEPELCHIN 76-0318867 1,575,000. 752,500. CHILDREN'S CENTER Х 752,500. 1,575,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

FOUNDATION FOR DEPELCHIN CHILDREN'S 74-1157363 Schedule A (Form 990 or 990-EZ) 2017 CENTER Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Catendar year (or fiscal year beginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 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) Public support. Subtract line 5 from line Section B. Total Support **(c)** 2015 (a) 2013 (b) 2014 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2016 Schedule A, Part II, line 14 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as/a publicly supported organization b 33 1/3% support test - 2016. If the ofganization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CENTER

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

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<ul> <li>qualify under the tests listed be</li> </ul>	low, please comp	plete Part II )				
ection A. Public Support						
lendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and					-	1
membership fees received. (Do not						/
include any "unusual grants ")						
Gross receipts from admissions,						i
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that					<del>/</del>	
are not an unrelated trade or bus-					<b>,</b>	
iness under section 513				/		
Tax revenues levied for the organ-			<del>†                                    </del>			
ization's benefit and either paid to				/		
or expended on its behalf						
· • •				-/		_
The value of services or facilities				/		
furnished by a governmental unit to the organization without charge				V 1		
· •			/	1		+
Total. Add lines 1 through 5			<del> /-</del>			<del>                                     </del>
a Amounts included on lines 1, 2, and						
3 received from disqualified persons			<del>                                     </del>			<del></del>
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			/			
Public support. (Subtract line 7c from line 6)			1			
ection B. Total Support				<u> </u>		•
endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Amounts from line 6						
a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income			T			
(less section 511 taxes) from businesses		]				
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carned on	<u>#</u>	<del></del>	<del>                                     </del>			<del></del>
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
or loss from the sale of capital assets (Explain in Part VI)					_	
or loss from the sale of capital assets (Explain in Part VI )  Total support. (Add lines 9, 10c, 11, and 12)	the organization's	; first, second, thir	rd, fourth, or fifth ta	ıx year as a section	501(c)(3) organ	ization,
or loss from the sale of capital assets (Explain in Part VI )  Total support. (Add lines 9, 10c, 11, and 12)	the organization's	s first, second, thir	rd, fourth, or fifth ta	x year as a section	501(c)(3) organ	ization,  ▶
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here			rd, fourth, or fifth ta	x year as a section	501(c)(3) organ	ization,
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public	c Support Per	centage		x year as a section	501(c)(3) organ	ization,
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support perceptage for 2017 (lin	c Support Per ne 8, column (1) di	centage		x year as a section		ization,
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2017 (ling Public support percentage from 2016)	c Support Per ne 8, column (f) di Schedule A, Part	rcentage vided by line 13, o III, line 15		x year as a section	15	ization, ▶[
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public Public support percentage for 2017 (Inr Public support percentage from 2016 ction D. Computation of Invest	c Support Per ne 8, column (f) di Schedule A, Part tment Income	centage vided by line 13, o Ill, line 15 Percentage	column (f))	x year as a section	15 16	ization,
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2017 (ling Public support percentage from 2016) ction D. Computation of Invest Investment income percentage for 20	c Support Per ne 8, column (f) di Schedule A, Part tment Income 17 (line 10c, colum	rcentage vided by line 13, c III, line 15 e Percentage nn (f) divided by lii	column (f))	x year as a section	15 16	ization,
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ection C. Computation of Public Public support percentage for 2017 (Iiir Public support percentage from 2016 ection D. Computation of Invest Investment income percentage from 2010 investment investment in 2010 investment in 2010 investment investment in 2010 investment	c Support Per ne 8, column (f) di Schedule A, Part tment Income 17 (line 10c, colum 2016 Schedule A,	rcentage vided by line 13, c III, line 15 Percentage nn (f) divided by lin Part III, line 17	ne 13, column (f))		15 16 17 18	<u></u> •
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here oction C. Computation of Public Public support percentage for 2017 (ling Public support percentage from 2016) Cotton D. Computation of Investing Investment income percentage for 2019.	c Support Per ne 8, column (f) di Schedule A, Part tment Income 17 (line 10c, colun 2016 Schedule A, organization did n d stop here. The	rcentage vided by line 13, o III, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual	ne 13, column (f)) on line 14, and line diffes as a publicly s	· 15 is more than 33 supported organiza	15 16 17 18 3 1/3%, and line	<b>▶</b> [ 17 is not <b>▶</b> [
or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here Ction C. Computation of Public Public support percentage for 2017 (ling Public support percentage from 2016 Ction D. Computation of Invest Investment income percentage from 2016 Investment income percentage from 2017 Investment income percentage from 2018  a 33 1/3% support tests - 2017. If the computation 33 1/3%, check this box and	c Support Per ne 8, column (f) di Schedule A, Part tment Income 17 (line 10c, colum 2016 Schedule A, organization did n d stop here. The organization did n	rcentage vided by line 13, c III, line 15 Percentage mn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or	on line 14, and line lifies as a publicly so line 14 or line 19a	15 is more than 33 supported organiza	15 16 17 18 3 1/3%, and line tion te than 33 1/3%	17 is not  ▶[ and

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# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 X 2 X 3a X 3b 3c 4a X 4b 4b 4b 4b 5c 5c 5c 5c 5c 5c 5c 7 X 8 X 9a X 9b X 9c X 10a X 10b 1990 or 990-EZ) 2017		Yes	No
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Sche	dule A (Form 990 or 990-EZ) 2017 CENTER	74-115736	53 P	age 5
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	i.	1 ,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>		
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,		ĺ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<b>_</b>	X
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	.		
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		T	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ì	١.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<del></del>	-	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	<del> </del>	<del> </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	لــــا
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	+	<del>                                     </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		-
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<del></del>	-	.
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	.4 6	_1	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ty (see instruction:	Yes	No
2	Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	140
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	.,	'	l l
	•	•	1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		,	
	how the organization was responsive to those supported organizations, and how the organization determined	2a	-	
<b>b</b>	that these activities constituted substantially all of its activities			<u> </u>
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	.		
			١.	
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	
2	activities but for the organization's involvement  Parent of Supported Organizations - Answer (a) and (b) below	20	+	. ,
3	Parent of Supported Organizations. Answer (a) and (b) below.	5.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		-	┌─
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	+	7.
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	·	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	A (Farm 000 or 0	OO 53	10017

Sche	dule A (Form 990 or 990-EZ) 2017 CENTER			1-1157363 Page 6
Pai	t V │ ·Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in Pa	rt VI) See instructions. All
	<ul> <li>other Type III non-functionally integrated supporting organizations must co</li> </ul>	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		·	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			_
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a	_	
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other		* *	
	factors (explain in detail in Part VI)	<del>-</del>	·····	
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
_3_	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6_		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		^ .	Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1_	<b>b</b> 1	
_2_	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	* 2ml = g	
_5_	Income tax imposed in prior year	5	F	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		The strong of	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting organi	zation (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Sche <b>Pa</b> ı	dule A (Form 990 or 990 EZ) 2017 CENTER Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nicotions	4-115/363 Page 7
	ion D - Distributions	(a)(3) Supporting Orga	nizations (continued)	Current Year
<del>3ect</del> 1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Current rear
2	Amounts paid to supported organizations to accomplish exe			
2	organizations, in excess of income from activity	n purposes or supported		
3	Administrative expenses paid to accomplish exempt purpose	e of cumported organizations	<del></del>	
4		ss or supported organizations	<u> </u>	
5	Amounts paid to acquire exempt-use assets			
6	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions		<del></del>	
	· · · · · · · · · · · · · · · ·		<del></del>	
<u>7</u> 8	Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the		<del></del>	
0	.,	ie organization is responsive		
_	(provide details in Part VI) See instructions	<del></del>		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(2)	/**\	/····
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			i
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а	•			
b	From 2013			
С	From 2014			
d	From 2015			y ;
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D.			
-	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount		<u> </u>	
	Remainder Subtract lines 4a and 4b from 4		<del> </del>	
5	Remaining underdistributions for years prior to 2017, if		=	
-	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018. Add lines 3			
•	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2013			
	Excess from 2015			
	Excess from 2016	) <del>" -</del>	•	, v ver une
	Excess from 2017	·		

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 CENTER	74-1157363 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section E, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part fo (See instructions.)	II, line 17a or 17b, Part III, line 12, ion B, lines 1 and 2, Part IV, Section C, line 1, Part V, Section B, line 1e, Part V,
PART I, LINE 11G(VI)	
\$752,500 IN-KIND RENT TO DEPELCHIN CHILDREN'S CENTER.	
PART IV, SECTION A, LINE 1	
THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER'S BYLAW	VS STATE THAT THE
CORPORATION'S PRINCIPAL FUNCTION IS TO SUPPORT DEPELCE	HIN CHILDREN'S
CENTER AND AFFILIATED ENTITIES. DEPELCHIN PSYCHIATRIC	SERVICES IS AN
AFFILIATED ENTITY OF DEPELCHIN CHILDREN'S CENTER.	
	<del></del>
PART IV, SECTION B, LINE 1	••
DEPELCHIN CHILDREN'S CENTER APPOINTS TRUSTEES TO THE T	TRUST FOR
DEPELCHIN CHILDREN'S CENTER. THE TRUSTEES ELECT THE BO	DARD MEMBERS TO
THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER. THE FO	OUNDATION FOR
DEPELCHIN CHILDREN'S CENTER RECOMMENDS TO THE TRUST FO	OR DEPELCHIN
CHILDREN'S CENTER THE ANNUAL CONTRIBUTION TO DEPELCHIN	N CHILDREN'S
CENTER AND DEPELCHIN PSYCHIATRIC SERVICES. THE TRUST H	FOR DEPELCHIN
CHILDREN'S CENTER APPROVES THE RECOMMENDATION AND CAUS	SES THE FOUNDATION
FOR DEPELCHIN CHILDREN'S CENTER TO MAKE THE APPROVED A	ANNUAL
DISTRIBUTION.	

#### **SCHEDULE D**

(Form 990) ·

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER

**Employer identification number** 74-1157363

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advise	d funds
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring
-	impermissible private benefit?		Yes No
Pa	· · · · · · · · · · · · · · · · · · ·		art IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e g , recreation or e	· —	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C .	Number of conservation easements on a certified historic stri	• •	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	Number of states where preparty subject to conceniation and	noment is legated	
4	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
5			☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Land volunteer flours devoted to morntoning, inspecting,	rianding of violations, and emorning conse	ivation casements daming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
•	► \$	ining of violations, and officially control value	on eacomeric daring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170/h	)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial (	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 CENTER					<u>74-11</u>		Page 2
Par	t III   Organizations Maintaining C	ollections of Art	<u>, Historical Tre</u>	<u>asures, or Othe</u>	r Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are a s	ignificant ι	ise of its c	ollection it	ems
	(check all that apply)							
а	Public exhibition	d	Loan or excl	hange programs				
ь	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma					Г	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang				Form 990	Part IV		
	reported an amount on Form 990, Par		to ii allo olgaliizatio			, . w , .		
12	Is the organization an agent, trustee, custodi		ary for contributions	s or other assets not	ıncluded			
ıa	on Form 990, Part X?	an or other intermedia	ary for commoditions	01 011101 4000101101	iiiolaaca	Г.	Yes	□ No
_	If "Yes," explain the arrangement in Part XIII	and complete the fell	owna table			<u> </u>	] 103	
D	if tes, explain the arrangement in Fart Allia	and complete the foll	ownig table			Ī .	Amount	
_	Dagung balance				1c		Amount	
C	Beginning balance							
	Additions during the year				1d			
_	Distributions during the year				1e			
f O-	Ending balance	000 Dort V line (	01 for coordin or a	estadual accasust lucha		<u>г</u>	Yes	No
	Did the organization include an amount on Fe				-		_ res	
	If "Yes," explain the arrangement in Part XIII  rt V   Endowment Funds. Complete i							—
<u> </u>	Endowment ands. Complete					voore back	(e) Four y	mare back
_	Danis and a state of the state	(a) Current year 65,684,867.	(b) Prior year 61,545,559.	(c) Two years back 68,092,803.		years back 593,781.		74,986.
	Beginning of year balance	03,004,007.	01,545,559.	00,032,003.	/=,-	18,327.	05,4	3,659.
Þ	Contributions	E 20E 202	7 044 110	2 100 772	-1	189,000.	0 2	
C	Net investment earnings, gains, and losses	5,285,302.	7,844,118.	-2,189,773.	<del> </del>			96,393.
d	Grants or scholarships	1,727,190.	3,704,810.	4,357,471.	*,*	31,997.	3,2	81,256.
е	Other expenditures for facilities					20 165		
	and programs					539,165.		
f	Administrative expenses	50.040.000	65 604 065	64 545 550	60.6	59,144.	74.5	
g	End of year balance	69,242,979.	65,684,867.	61,545,559.	68,0	92,803.	/4,5	93,782.
2	Provide the estimated percentage of the curr			) held as				
а	Board designated or quasi-endowment	13.00	_%					
b	Permanent endowment ► 35.00	%						
С	• • • —	<u>2.00</u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	id administered for t	he organız	ation	_	
	by						4	es No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10			
	Description of property	(a) Cost or ot	1		Accumulat		(d) Book	value
		basis (investm		<u> </u>	epreciation			
1a	Land			2,769.			1,642	
b	Buildings		15,13	8,983. 10 <u>,</u>	453,8	77.	<u>4,685</u>	<u>,106.</u>
С	Leasehold improvements							
d	Equipment					_		
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part )	K. column (B). line 1	0c.)			<u>6,327</u>	<u>,875.</u>

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Schedule D (Form 990) 2017 CENTER			<u>74</u> -	-1157363 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end-	of-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		•		,
Part VIII Investments - Program Related.	<u> </u>			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c See Form 990. P	art X. line 13	
(a) Description of investment	(b) Book value			of-year market value
(1)				
(2)				
(3)			<u>-</u> -	
(4)				·
(5)	·		·	<u> </u>
(6)				
(7)		<u></u>		
(8)				
	<del> </del>			···
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d See Form 990 B	Part Y line 15	
<u> </u>	Description	0 114 000 1 0111 000,1	urry, into 10	(b) Book value
	,	<del>.</del>		(11)
(1)				
(2)	= ==			
(3)				t.
(4)				
(5)				
(6)				
(7)				<del></del>
(8)				
(9)				
<u>Total. (Column (b) must equal Form 990. Part X. col. (B) lin</u> Part X │ Other Liabilities.	ne 15.)	_	P.i	<del></del>
		- 44 446 Caa Farm	000 Day V Iva 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value	1.0	•
(1) Federal income taxes			• .	i
(2)			•	<u>.</u>
(3)			•	
(4)	ı			
(5)				
N/			•	
(6)				
			, ,	
(6)				
(6) (7)			,	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

74-1157363 Page 3

Schedu	le D (Form 990) 2017 CENTER		74-1157363 Page 4
Part		nts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	-	
1 I	otal revenue, gains, and other support per audited financial statements		1
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12		
a N	let unrealized gains (losses) on investments	2a	
b [	onated services and use of facilities	2b	1 I
c F	ecoveries of prior year grants	2c	1 1
d C	other (Describe in Part XIII.)	2d	7 1
	dd lines 2a through 2d		2e
3 9	subtract line 2e from line 1		3
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Ir	envestment expenses not included on Form 990, Part VIII, line 7b	4a	
	other (Describe in Part XIII.)	4b	]
c A	dd lines 4a and 4b	-	4c
5 T	otal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	XII   Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 T	otal expenses and losses per audited financial statements		1
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25		
аC	onated services and use of facilities	2a	J i
bР	rior year adjustments	2b	]
c	other losses	2c	]
d C	Other (Describe in Part XIII )	2d	]
e A	dd lines 2a through 2d		2e
3 8	subtract line 2e from line 1		3
4 A	mounts included on Form 990, Part IX, line 25, but not on line 1		_
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
ь	Other (Describe in Part XIII )	4b	<u>]</u>
c A	dd lines 4a and 4b		4c
_ <b>5</b> T	otal expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5
	XIII Supplemental Information.		
Provide	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV, lines 1b and 2b, Part V, line	4, Part X, line 2, Part XI,
lines 2d	I and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional information	
PART	V, LINE 4:		
INTE	NDED USE FOR ENDOWMENT FUNDS:		
THE	FOUNDATION HAS ADOPTED AN INVESTMENT AND	SPENDING POLICY	FOR THE
ENDO	WMENT ASSETS THAT ATTEMPTS TO PROVIDE A R	PREDICTABLE STREA	AM OF FUNDING
TO E	ROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE	SEEKING TO MAIN	TAIN THE
PURC	HASING POWER OF THE ENDOWMENT ASSETS.		
		<del></del>	
	<del></del>		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22,

OMB No 1545-0047

■ Go to www.irs.gov/Form990 for the latest information. ■ Attach to Form 990.

FOUNDATION FOR DEPELCHIN CHILDREN'S

Open to Public Inspection

**Employer identification number** 

2 | Schedule I (Form 990) (2017) 74-1157363 TO SUPPORT OPERATIONS (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance ENT - IN-KIND (f) Method of valuation (book, FMV, appraisal, other) BOOK 752,500. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 1,575,000, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 76-0318867 Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DEPELCHIN CHILDREN'S CENTER or government 4950 MEMORIAL DRIVE HOUSTON, TX 77007 Part

CENTER

Schedule I (Form 990) (2017)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

Page 2

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(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE GOVERNING BODY FOR THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER (d) Amount of non-cash assistance (c) Amount of cash grant RECEIVES QUARTERLY UPDATES FROM THE GRANTEES. (b) Number of recipients PART IV ADDITIONAL INFORMATION: (a) Type of grant or assistance

Schedule I (Form 990) (2017)

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part I | Questions Regarding Compensation

Department of the Treasury

FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER

Employer identification number 74-1157363

_			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			١.
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	,		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)		1	
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		_	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			`
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				-
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			٠ ١
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		-	:
	establish compensation of the CEO/Executive Director, but explain in Part III			;
	Compensation committee Written employment contract			,
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			<b>l</b> . ]
				(
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			- 1
•	organization or a related organization			
а	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
C		4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		•	
			,	. ·
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		-	اِ ا
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		,	,
	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	- '		1
	contingent on the net earnings of		,	
а	The organization?	6a		X
	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.	.*	r	
7		•	.	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			'
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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Schedule J (Form 990) 2017

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(l)(a)	in Colorini (b) reported as deferred on prior Form 990
(1) JENIFER JARRIEL	Ξ	0	0	0	0	0.	0	0.
PRESIDENT/CEO	(ii)	279,150.	0.	6,000.	.876,69	4,979.	360,107.	0
(2) JEFF GENTRY	(i)	0		0.			0.	0.
SECRETARY	(ii)	196,056.	0.	0.	10,318.	10,127.	216,501.	0
(3) WANDA WOODY ROBERTS	(i)		0.	0.	• 0	0.	0.	0.
SECRETARY	(ii)	167,742.	0.	0.	8,685.	8,912.	185,339.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	(E)							
	Θ							
	(ii)							
	(0)							
	(ii)							
	Ξ	;						
	(11)							
	(i)							
	(ii)							
	(i)							
	Ξ							
	Ξ							
	(1)							
	Ξ							•
	(ii)							
	Ξ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2017

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

4 AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER, DEPELCHIN CHILDREN'S CENTER ADOPTED A POLICY, HR.G. 406, TO ENSURE THAT RELATED ORGANIZATION, EFFECTIVE 1/1/2016 FOR BENEFIT OF THE FOLLOWING THE BOARD OF DIRECTORS OF EMPLOYEES FOR THE PERFORMANCE OF SERVICES IS THE FAIR VALUE FOR SUCH CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION IS ENGAGED TO SERVICES. FAIR VALUE IS THE VALUE THAT WOULD ORDINARILY BE PAID FOR THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER DOES NOT PROVIDE THE PROCESS TO REVIEW COMPENSATION RECEIVED BY OFFICERS AND KEY LIKE SERVICES BY A LIKE ORGANIZATION UNDER LIKE CIRCUMSTANCES. COMPENSATION TO ITS OFFICERS OR DIRECTORS. THE FOUNDATION'S PRESIDENT/CEO AND SECRETARY ARE COMPENSATED BY ITS RELATED ORGANIZATION, DEPELCHIN CHILDREN'S CENTER. PERSON. THE VESTING DATE IS 12/31/2020 SCHEDULE J PART I LINE 3 AMOUNT ACCRUED: \$56,027 -0-AMOUNT RECEIVED: PART I, LINE 4B: JENIFER JARRIEL

732113 10-17-17

Schedule J (Form 990) 2017

74-1157363

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Schedule J (Form 990) 2017

Part III Supplemental Information

6a 6b 7 and 8 and for Part II. Also red for Part | Ines 1a 1h 3 4a 4h 4c 5a 5h Provide the information, explanation, or descri-

Schedule J (Form 990) 2017	
	DELIBERATIONS AND DECISIONS IS KEPT.
RECORDKERPING WITH RESPECT TO	CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING W
RESOURCES COMMITTEES.	AEETING OF THE EXECUTIVE AND HUMAN RESOURCES COMM
FOR APPROVAL AT THE ANNUAL JOINT	COMMITTEE WHOSE CHAIRMAN RECOMMENDS FOR APPROVAL
D TO THE HUMAN RESOURCES BOARD	RESULTS OF THE ANALYSIS ARE PRESENTED TO THE HUMA
COMPENSATION STUDY/SURVEY. THE	REVIEWS LIKE ORGANIZATION 990 AND OTHER COMPENSAT
ON ANALYSIS. SUCH ANALYSIS	CONDUCT THE ANNUAL EXECUTIVE COMPENSATION ANALYSIS. SUCH ANALYSIS
illes 14, 10, 3, 44, 40, 40, 34, 30, 34, 30, 7, and 6, and 10f Part II. Also complete this part for any additional information.	ייר (שר יים, מי יודי ווויסווומנים, מי מים מים מים מים מים מים מים מים מים

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

FOUNDATION FOR DEPELCHIN CHILDREN'S CENTRE

**Employer identification number** 74-1157363

OMB No 1545-0047

CHITER 74 1137303
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENTITY WHOSE MISSION IS TO STRENGTHEN THE LIVES OF CHILDREN BY
ENHANCING THEIR MENTAL HEALTH AND PHYSICAL WELL-BEING.
FORM 990, PART VI, SECTION B, LINE 11B:
EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVED A COPY OF FORM 990 BEFORE IT
WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
1. FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER WILL ENTER INTO A TRANSACTION
INVOLVING A POTENTIAL CONFLICT OF INTEREST ONLY IF THE BOARD DETERMINES
THAT THE TERMS OF THE TRANSACTION ARE AT LEAST AS FAVORABLE TO THE
FOUNDATION AS WOULD BE FROM ANY OTHER COMPARABLE SOURCE AND ONLY AFTER
OBSERVING THE FOLLOWING PROCEDURES:
A) THE INTERESTED DIRECTOR MUST DISCLOSE THE MATERIAL FACTS CONCERNING HIS
OR HER INTEREST IN THE TRANSACTION AT A MEETING OF THE BOARD AND SUCH
DISCLOSURE MUST BE RECORDED IN THE MINUTES OF THE MEETING.
B) THE INTERESTED DIRECTOR MUST NOT PARTICIPATE IN, OR BE PRESENT FOR THE
DISCUSSION OF THE MERITS FOR THE TRANSACTION.
C) THE INTERESTED DIRECTOR MUST ABSTAIN FROM VOTING ON THE TRANSACTION.
D) THE INTERESTED DIRECTOR WILL NOT BE COUNTED IN DETERMINING WHETHER THERE
IS QUORUM PRESENT TO CONSIDER THE TRANSACTION.
E) THE TRANSACTION MUST BE APPROVED BY A MAJORITY VOTE OF THE REMAINING
BOARD MEMBERS.

732211 09-07-17

<sup>2.</sup> MEMBERS OF THE BOARD OF DIRECTORS, CONSULTANTS OR ADVISORS TO THE BOARD LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER	Employer identification number 74-1157363
OR ANY RELATIVES OF THESE INDIVIDUALS WILL NOT RECEIVE PRE	FERENTIAL
TREATMENT IN APPLICATION FOR AND RECEIPT OF THE ORGANIZATI	ON'S SERVICES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XII, LINE 1	
FOUNDATION FOR DEPELCHIN'S CENTER ELECTED TO CHANGE ITS FI	SCAL YEAR END
FROM JUNE 30TH TO DECEMBER 31ST TO BE CONSISTENT WITH ITS	SUPPORTED
ORGANIZATION, DEPELCHIN CHILDREN'S CENTER. HAVING THE SAME	YEAR END
REDUCES CERTAIN ADMINISTRATIVE EXPENSES AND INCEASES EFFIC	IENCY TO
MAINTAINING THE BOOKS AND RECORDS. ACCORDINGLY, FOUNDATION	FOR
DEPELCHIN CHILDREN'S CENTER IS FILING A SHORT PERIOD 990 R	ETURN FOR THE
SIX MONTHS ENDED DECEMBER 31, 2017.	
<u> </u>	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

2017	Open to Public Inspection

Ü

OMB No 1545-0047

Employer identification number 74-1157363► Go to www.irs.gov/Form990 for instructions and the latest information. FOUNDATION FOR DEPELCHIN CHILDREN'S Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 CENTER Name of the organization Department of the Treasury Internal Revenue Service Part

Section 512(bX13) controlled entity? Schedule R (Form 990) 2017 Š × × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Direct controlling entity ε End-of-year assets Y/A N/A status (if section 501(c)(3)) Public charity <u>e</u> LINE 3 LINE 7 Total income € **Exempt Code** section 501(C)(3) 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) 3 EXAS **TEXAS** Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. HEALTHCARE CHARITY - 20-8803626 DEPELCHIN CHILDREN'S CENTER - 76-0318867 Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization DEPELCHIN PSYCHIATRIC SERVICES 4950 MEMORIAL DRIVE 4950 MEMORIAL DRIVE HOUSTON, TX 77007 HOUSTON, TX 77007 Part II

CENTER

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Page 2

74-1157363

& S	General or Percentage  managing ownership	5) Yes No										-	
€	Code V-UBI of amount in box of Schedule	K-1 (Form 106											
3	Disproportionate allocations?	Yes No											
(6)	Share of end-of-year	doodlo											
E	Share of total income												
(9)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)											
9	Direct controlling entity												
<u> </u>	Legal domicile (state or	country)											
<b>(</b> 2)	Primary activity												
(a)	Name, address, and EIN of related organization									_			

Part IV organizations treated as a corporation or trust during the tax year

Schedule R (Form 990) 2017

74-1157363 Page 3

Schedule R (Form 990) 2017 CENTEI

Part V. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

2017	066	Form	Schedule B (Form 990) 2017			32163 09-11-17
						(9)
- 1						(5)
						(4)
						(3)
ľ						(2)
						(1)
		þ	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			information on who must complete this line, including covered relationships and transaction thresholds.	his line, including covered re	ho must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on w
×		1s				
×		į				r Other transfer of cash or property to related organization(s)
×	1	Į.				q Reimbursement paid by related organization(s) for expenses
×		₽				p Reimbursement paid to related organization(s) for expenses
×	Ì	2	js			o Sharing of paid employees with related organization(s)
	×	ţ.			on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	×	Ē			nization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
4 ×		<u> </u> =			nization(s)	R rease of lactimes, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)
þ						
	×	1į				j Lease of facilities, equipment, or other assets to related organization(s)
×		Ę				i Exchange of assets with related organization(s)
×		1 =				
×		2				q Sale of assets to related organization(s)
×		¥				f Dividends from related organization(s)
4		9				<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>
<u>ا</u> له	T	₽				d Loans or loan guarantees to or for related organization(s)
× :	1	위				
	×	<b>a</b>				<b>b</b> Gift, grant, or capital contribution to related organization(s)
×		19				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		Ħ	Parts II-IV?	elated organizations listed ir	s with one or more r	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
ş	Yes.		1			Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

CENTER Schedule R (Form 990) 2017 Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

FOUNDATION FOR DEPELCHIN CHILDREN'S

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

S. and EIN Primary activity Lagard dominicing primary activity (state or foreign primary) and the country) of state or foreign primary activity activity or foreign primary activity activ					l					.:
Primary activity  Legal dominant income passes and income assets  Country)  Sections 512-514)  Sections 512-514)  Sections 512-514  Sections 512-514  Sections 612-5144  Sections 612-51	(a)	(q)	( <u>S</u> )	(e) (e)		( <b>6</b> )	Ξ	: E	8	<b>₹</b>
Sections 512-514) Yes No Income assets	e, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)		Share of end-of-year	Dispropor- tionate allocations?	amount in box 20	General or managing partner?	Percentage ownership
			country)	sections 512-514) Yes N		assets	Yes No	(Form 1065)	Yes No	
									_	
									_	
	ı			_						
									_	
									+	
			-						_	
									_	

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017	74-1157363 P	age 5
Part VIII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions		
PART V, LINE 1J:		
THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER LEASES SEVERAL	BUILDINGS	
IT OWNS TO DEPELCHIN CHILDREN'S CENTER. RENTAL INCOME RELATED	TO THIS	
LEASING ARRANGEMENT WAS \$752,500 DURING THE SIX MONTHS ENDED	DECEMBER	
31,2017. THE FOUNDATION IN TURN MAKES AN IN-KIND CONTRIBUTIO	N TO	
DEPELCHIN CHILDREN'S CENTER IN AN AMOUNT EQUAL TO THE RENTAL	INCOME.	
BOTH THE RENTAL INCOME AND THE IN-KIND CONTRIBUTION TO DEPELO	CHIN	
CHILDREN'S CENTER ARE NOT REPORTED IN THE FORM 990 AND ARE IN	ICLUDED IN	
SCHEDULE D PARTS XI AND XII AS A RECONCILING ITEM PER THE FOR	M 990	
INSTRUCTIONS.		