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Form 990

Return of Organization Exempt From Income Tax

Under section 601(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. Department of the Treasury Qo to www.irs.goy/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer Identification number TEXAS CENTER FOR CHILD AND FAMILY STUDIES Nure Doing business as 74-2949902 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 409 W 13TH STREET 512-892-2683 City or town, state or province, country, and ZiP or foreign postal code 2,567,873. G Gross receipts \$ AUSTIN. TX 78701 H(a) is this a group return for subordinates? F Name and address of principal officer: JENIFER JARRIEL Yes X No 409 W 13TH ST., AUSTIN, TX H(b) Are all autoordinates included? Wes Wes No | Tax-exempt status: | X | 501(0)(3) | 501(0) (] ◀ (Insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.TACFS.ORG/THE CENTER H(o) Group exemption number Form of organization; X Corporation Trust Association Year of formation: 2000 M State of legal doublet TX Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO STRENGTHEN LIVES OF CHILDREN AND FAMILIES 2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, fine 1a) Number of Independent voting members of the governing body (Part VI, line 1b) Total number of Individuals employed in calendar year 2018 (Part V, line 2a) 0 8 Total number of volunteers (estimate if necessary) 0 ß Ō. 7a Total unrelated business revenue from Part VIII, column (C), line 12 78 b Net unrelated business taxable income from Form 990 T, line 38 0. 7b Current Year 8 Contributions and grants (Part VIII, line 1h) 0 2,198,036. 9 Program service revenue (Part VIII, line 2g) 369,836. 0 10 Investment Income (Part VIII, column (A), ilnes 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8o, 9o, 10o, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 2,567,873. 13 Grante and similar amounts paid (Part IX, column (A), lines 1-3) .974,250. 14 Benefits paid to or for members (Part IX, column (A), line 4) a 15 Salaries, other compensation, employee benefite (Part IX, column (A), tines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundralsing expenses (Part IX, column (D), fine 25) 17 Other expenses (Part IX, column (A), lines 11s-11d, 11f-24e) 0. 530,591 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>504.841.</u> Revenue less expenses. Subtract line 18 from line 12 0 63,032, Beginning of Correct Year End of Year 20 Total assets (Part X, line 16) 9,179 ,172,108. 21 Total liabilities (Part X, line 26) 0 <u>1,099,897</u> 22 Net assets or fund balances, Subtrest line 21 from line 20 ... 179 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complate. Declaration of gregarer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign TREASURBR Here Type or print heme and title PrintType preparer's name

<u>ioseph g. Jistbl</u> Preparer Firm's name FASKE LAY & CO. Firm's EIN 74-2335626 Firm'e address 3508 FAR WEST BLYD. Use Only AUSTIN, TX 78737-3041 <u>Phone no. (512)</u> May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 822001 12-31-19 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

	rt III Statement of Brogram Service Accomplishments
ra	rt 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:
	TO STRENGTHEN THE LIVES OF CHILDREN AND FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$1,633,995. including grants of \$1,499,250.) (Revenue \$)
	SUPPORT TO VULNERABLE CHILDREN AND FAMILIES: THE CENTER PROVIDES
	SUPPORT TO TEXAS CHILD, YOUTH, AND FAMILY SERVICE AGENCIES WITH THE
	KNOWLEDGE, SKILLS, AND ABILITY THEY NEED TO PROVIDE HIGH-QUALITY SERVICES IN THEIR COMMUNITIES FOR VULNERABLE CHILDREN AND FAMILIES. THE
	CENTER AWARDED GRANTS TO 17 ORGANIZATIONS TOTALING \$1.2 MILLION TO
	PROVIDE HURRICANE HARVEY DISASTER RELIEF SERVICES FOR CHILDREN INVOLVED
	WITH THE CHILD WELFARE SYSTEM.
4b	(Code) (Expenses \$ 811,938. including grants of \$ 475,000.) (Revenue \$ 369,836.)
	TRAINING, EDUCATION AND RESERARCH: THE CENTER UNDERTAKES TARGETED AND
	STRATEGIC INITIATIVES TO ADDRESS THE MOST PRESSING ISSUES FACING THE CARE AND SERVICES FOR AT-RISK CHILDREN, YOUTH, AND FAMILIES IN TEXAS
	CARE AND SERVICES FOR AT-RISK CHILDREN, YOUTH, AND FAMILIES IN TEXAS THROUGH TRAININGS, CONSULTATIONS, EDUCATION, AND ACADEMIC RESEARCH. THE
	CENTER ORGANIZES AND HOSTS AN ANNUAL CONFERENCE FOR TEXAS CHILD CARE
	ADMINISTRATORS WITH OVER 1,000 PARTICIPANTS ATTENDING IN 2018.
	ADDITIONALLY, THE CENTER PARTNERED WITH MEADOW MENTAL HEALTH INSTITUTE
	TO PERFORM A STUDY OF THE FOSTER CARE RATE METHODOLOGY WHICH IMPACTS
	THE LIVES OF 17,000 CHILDREN AND YOUTH IN THE STATE OF TEXAS FOSTER CARE SYSTEM.
	CARE DIDIEM.
4c	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 2,445,933.
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STUDIES 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)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? <u>14a</u> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part IV | Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
·	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	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		х
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		х
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		х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		х
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	
Pai				
	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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			ĺ
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ĺ
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
оа	any contributions that were not tax deductible as charitable contributions?	6a		x
	·	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	GL.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		l
е		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			_
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		l	
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N	_ 		<u></u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
16	•	- ''		<u> </u>
	If "Yes," complete Form 4720, Schedule O	Щ.		<u></u>

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

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 6 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 0. 6 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 officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 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 X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? Х Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b 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 taxable entity during the year? 16a Х 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 (1024 or 1024-A 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 ☐ Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records KATIE OLSE - 512-892-2683 409 W 13TH STREET, AUSTIN, TX 78701

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STUDIES

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 F	⊃art VII

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

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

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

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

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

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

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

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

Check this box if neither the organization n	or any related	orga	เกเรล	tion	cor	nper	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	,		Pos	ıtıor			Reportable	Reportable	Estimated
	hours per	box	unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	₩ i				EG	l	organization	(W-2/1099-MISC)	from the
	related	stee (ruste		_	es es		(W-2/1099-MISC)		organization
	organizations	al tru	la t		loyer	E 8				and related
	below	ividu	Institutional frustee	Officer	E I	Highest compensated employee	ä			organizations
	line)	ᆵ	Ę	₹_	, Š	₹5	ফ্র			
(1) GARY DUKE, AZLEWAY	0.50	ļ							_	_
BOARD MEMBER		X						0.	0.	0.
(2) TARA ROUSSETT, SJRC TEXAS	0.50									_
BOARD MEMBER		X						0.	0.	0.
(3) PAULA TUCKER, BOYSVILLE, INC.	0.50							İ		
BOARD MEMBER		x	<u></u>	<u></u>			L	0.	0.	0.
(4) DAN ADAMS, CAL FARLEY'S	1.00									
CHAIR]		х	L	L		0.	0.	0.
(5) VIKKI FINLEY, ARMS WIDE OPEN ADO	0.50									
PAST CHAIR				Х				0.	0.	0.
(6) TED KEYSER, HELPING HAND HOME FO	0.50									
TREASURER/SECRETARY				X				0.	0.	0.
Indicate and a second s										
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Form 990 (2018)

	1 990 (2018) STUDIES									<u>74-2.</u>	<u>949</u>	<u>902</u>	P	age č
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
_	(A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more box, unless person officer and a director			l than is bot	one h an	(D) Reportable	(E) Reportable compensatio	tion ar		(F) stimate nount other	-
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	ıs	com fr org and	pensa om th anizat d relat anizati	e ion ed
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 1b	Sub-total		<u>L</u>		<u> </u>		<u> </u>	<u> </u>	0.		0.			0.
c d	Total (add lines 1b and 1c)	·						▶	0.		0.			0.
2 —	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	10 r	eceived more than \$100	,000 of reportab	le			
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co							the organization		3		<u>X</u>
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	on f	rom	any	unr			dual for services	'	_4		<u>X</u>
Sac	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e J f	or se	uch	pers	on	_				5		<u> </u>
1	Complete this table for your five highest co										npens	ation f	rom	
····	the organization Report compensation for (A) Name and business			ONI		VILLI	OI W	<u> </u>	(B) Description of s		С	(C ompe		n .
						-								
													-	
									<u> </u>					
2	Total number of independent contractors (ii	ncluding but n	ot lir	mıte	d to	tho	se lis	sted	i above) who received in	ore than				

\$100,000 of compensation from the organization

3			<u>21</u>	
	Ctat	omont	of P	POVENUE

				ar noto ta anulu	as in this Dort VIII			
		Check if Schedule O cont	ains a response	or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b		1b		j			
S, E	c		1c	**	1			
i ii		Related organizations	1d		1			
S,E	e]			1
r Sign	f	All other contributions, gifts, gran	·		1			
투		similar amounts not included abo		198,036.				
	g	Noncash contributions included in lines			ĺ			
9 g	_	Total. Add lines 1a-1f			2,198,036.			
				Business Code				
၉	2 a	ADMINISTRATORS	CONFERE	611430	360,535.	360,535.		
اه کِ	b	MD 3 TATTAGE		611430	9,301.	9,301.		
Se	С							
eve	d							
Program Service Revenue	е						<u> </u>	
ا ت	f	All other program service reve	enue					
\rightarrow		Total. Add lines 2a-2f	<u></u>		369,836.			
ĺ	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)			1.			1.
1	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>				 -
l		_	(ı) Real	(II) Personal	1			
	6 a	Gross rents			-			
	b	Less rental expenses			ł			
	С.	Rental income or (loss)			1			`
	d		() ()	(1) (2)				
-	/ a	Gross amount from sales of	(i) Securities	(II) Other	1			
1	_	assets other than inventory Less cost or other basis			1			
	b	and sales expenses						
	c	Gain or (loss)			1			
	d			<u> </u>	1			
		Gross income from fundraisin	a events (not					
ğ	-	including \$	of					
Other Revenu		contributions reported on line	1c) See					
<u>د</u>		Part IV, line 18	a	[[
푩	b	Less direct expenses	b					
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from garning ac	ctivities See					
ľ		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а		1	1		}
		Less cost of goods sold	b	L				
-	<u>c</u>	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu	· · · · · · · · · · · · · · · · · · ·	Business Code				-
	11 a							-
	b	<u></u>		<u> </u>				
	C	All other revenue						
	a	Total. Add lines 11a-11d				-		+
	е 12	Total revenue. See instructions			2,567,873.	369,836.	0	1
i	ــــــــــــــــــــــــــــــــــــــ	I VIGI TEVENUE, OEE MISH UCHUMS			<u> </u>	302,030.1		* * * *

Form 990 (2018) . STUDIES
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,966,000.	1,966,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	8,250.	8,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal	0 500		0.500	
С	Accounting	2,500.		2,500.	
d	Lobbying	·			
e	,,,,,,,,,,,,,,	- -			
f	investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	72 211	42 070	20 241	
40	column (A) amount, list line 11g expenses on Sch 0.)	73,311.	43,070.	30,241.	
12	Advertising and promotion	1,250.		1,250.	
13	Office expenses	1,250.		1,230.	
14	Information technology				·
15 16	Royalties Occupancy	12,016.	10,998.	1,018.	
17	Travel	12,010.	10,550.	1,010.	
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	159,285.	159,285.		
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	1,938.	1,774.	164.	
23	Insurance				
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.)	200 241	256 506	22 725	
a	CHARGES REIMBURSED TO T	280,241.	<u>256,506.</u>	23,735.	
b	<u>DUES/SUBSCRIPTIONS</u>	50.	50.	<u></u> .	
C	-				
d	All other eveness				_
e	All other expenses	2,504,841.	2,445,933.	58,908.	0.
25	Total functional expenses. Add lines 1 through 24e	<u>4,504,641.</u>	4,445,333.	50,300.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here fig. if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X | Balance Sheet

STUDIES

74-2949902 Page 11

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	9,179.	1	986,502
2	Savings and temporary cash investments		2	
			3	158,465
4			4	
5				
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	· · · · · · · · · · · · · · · · · · ·		6	
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		3.		
b	· · · · · · · · · · · · · · · · · · ·		10c	27,141
_				
	·		T- 1	
	· ·		1	
	-			
		9,179.	1	1,172,108
			17	328,465
	·		18	
_	Deferred revenue		19	701,964
_			1	
	·		21	
			22	. ,
23	·		23	
			24	
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	0.	25	69,468
26	Total liabilities. Add lines 17 through 25		26	1,099,897
	Organizations that follow SFAS 117 (ASC 958), check here	•		
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	71,282
28	Temporarily restricted net assets	9,179.	28	929
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,179.	33	72,211
		9,179.	34	1,172,108
_	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 29 30 31 31 31 31 31 31 31 31 31 31 31 31 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined unde section 4958(n)(1)), persons described in section 4958(c)(3)(8), and contributin employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 1 inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part IV of Schedule D 10b 155,086 10b 155,086 10c 155,086 11c 10c 15c 15c 15c 15c 15c 15c 15c 15c 15c 15	Cash · non-interest bearing 9 , 179 .	Cash - non-interest-bearing 9 , 179 1

Forn	990 (2018) · STUDIES	74-29	19902	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,56		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,50		
3	Revenue less expenses Subtract line 2 from line 1	3			32.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>9,1</u>	<u>79.</u>
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<u></u>	<u>2,2</u>	<u> 11.</u>
Pa	rt XII 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.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	. O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis X Consolidated basis Both consolidated and separate basis				٠
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
-			Form	990	(2018)

832012 12-31-18

SCHEDULE A.

(Form 990 or 990-EZ)

Department of the Treasury Internal 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.

TEXAS CENTER FOR CHILD AND FAMILY

2018

Open to Public Inspection

Employer identification number

74-2949902 STUDIES Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 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 coilege or university owned or operated by a governmental unit described in 5 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) 8 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12q. 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. Jype 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) TEXAS ALLIANCE FOR CHILD AND FAMILY SE23-7433041 10 1,513,758. X

0.

758

TEXAS CENTER FOR CHILD AND FAMILY Schedule A (Form 990 or 990-EZ) 2018 STUDIES 74-2949902 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 <u>(e)</u> 2018 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (f) Total 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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support <u>(b) 2</u>о́15 (a) 2014 (c) 2016(d) 2017 (e) 2018 (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 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 20√18. 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 /2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2018. 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 - 2017, 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 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) 2018

332022 10-11-1

Schedule A (Form 990 or 990-EZ) 2018	STUDIES
Part III Support Schedule fo	or Organizations Described in Section 509(a)(2)

(Complete only if you checked			organization railed	to quality under	raitii ii tile Olyaili	Zation lails to
qualify under the tests listed to section A. Public Support	below, please comp	olete Part II)				
lendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e),2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	10,	(3)	(9/2010			,,,,,,,,
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organ- 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						
Total. Add lines 1 through 5				 -		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year		/			<u> </u>	_
c Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6)		/		<u>,</u>		
lendar year (or fiscal year beginning in)	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Amounts from line 6	(a) 2014 /	(6) 2013	(6) 2010	(u) 2017	(e) 2010	
Da Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975		,				
c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7					
Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 8, 10c, 21, and 12)						
First five years. If the Form 990 is for	r the organization's	first, second. thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
ection C. Computation of Publ					14-1	
Public support percentage for 2018 (column (f))		15	
Public support percentage from 2017					<u> 16 </u>	
ection D. Computation of Inve					147	
Investment income percentage for 20			ine 13, column (t))		17	
Investment income percentage from			on line 14 and line	15 is more than	18 23 1/3% and line 1	7 is not
 a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box a b 33 1/3% support tests - 2017. If the 	nd stop here. The	organization qual	ifies as a publicly s	upported organiz	ation	▶□
line 18 is not more than 33 1/3%, che	_					▶□
Private foundation. If the organization		-				▶□
023 10-11-18		•			nedule A (Form 990	or 990-EZ) 20

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	x	,
•		
	-	х
2		
3a	X	
3b	X	
Зс	x	
, ,		
4a		X
4b		
		,
	_	
4c		
5a		х
-		
5b 5c		
6	-	Х
-		
7	_	Х
8		х
 9a _	-	$\bar{\mathbf{x}}$
9b		X
9c	<u></u>	x
10a	_	$\tilde{\mathbf{x}}$
	-	
10b	90-EZ	

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 STUDIES			74-2949902 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u></u>	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting ord	ianization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

74-2949902 Page 7 Schedule A (Form 990 or 990-EZ) 2018 STUDIES Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019, Add lines 3) and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016 d Excess from 2017 e Excess from 2018

74-2949902 Page 8 Schedule A (Form 990 or 990-EZ) 2018 STUDIES Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.) PART IV, SECTION A, LINE 3B TEXAS CENTER FOR CHILD AND FAMILY STUDIES REQUIRES EACH SUPPORTED ORGANIZATION HAVE A CURRENT IRS EXEMPTION LETTER AND REQUEST THAT SUCH ORGANIZATION ACKNOWLEDGE IN WRITING THAT IT MEETS THE PUBLIC SUPPORT TEST AND GROSS INVESTMENT TEST AS DESCRIBED BY THE IRS. PART IV, SECTION A, LINE 3C: TEXAS CENTER FOR CHILD AND FAMILY SERVICES REQUIRES THAT EACH SUPPORTED ORGANIZATION CONFIRMS IN WRITING THAT NO PART OF THE GRANT SHALL BE USED FOR PURPOSES OTHER THAN RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONS PURPOSES OR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS WITHIN THE MEANING OF SECTION 170(C)(2)(B) OF THE INTERNAL REVENUE CODE.

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

TEXAS CENTER FOR CHILD AND FAMILY STUDIES

Employer identification number 74-2949902

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(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 advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
D -	impermissible private benefit?		Yes No
Pa	· · · · · · · · · · · · · · · · · · ·		IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	nistoric structure
0	Preservation of open space Complete lines 2a through 2d if the organization held a quali	final annual strong contribution in the form of a	announce and an the last
2	day of the tax year	ned conservation contribution in the form of a	Held at the End of the Tax Year
	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
ď			
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶	•	·
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	•
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	
_	and section 170(h)(4)(B)(ii)?		Yes Mo
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the (organization's accounting for
Par	t III Organizations Maintaining Collections o	f Art Historical Treasures or Othe	r Similar Assets
	Complete if the organization answered "Yes" on Form		- Citinai Addetoi
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri		or public corrido, provido, irri arrixin,
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	-	
	relating to these items:	,	71 - 1
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1	•	
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
<u>b</u>	Assets included in Form 990, Part X	<u></u>	> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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832051 10-29-18

	dule D (Form 990) 2018 STUDIES							49902	
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, o	r Other	Simila	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of t	he following that	are a sigr	nificant i	use of its	collection	items
	(check all that apply)								
а	Public exhibition	(Loan or d	exchange progra	ms				
b	Scholarly research	•	e Dother_						<u> </u>
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they furth	er the organizatio	n's exem _l	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical t	reasures, or othe	r sımılar a	ssets		_	
	to be sold to raise funds rather than to be mi		• • • • • • • • • • • • • • • • • • • •					Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organiza	ation answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21		 					
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for contribu	tions or other ass	ets not in	cluded		_	
	on Form 990, Part X?						L_	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on F				•	' ?	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII				•				
Par	t V Endowment Funds. Complete	f the organization ar						r 	
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	<u> </u>						_	
b	Contributions								
С	Net investment earnings, gains, and losses					-			
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curi	rent year end baland		n (a)) held as					
а	Board designated or quasi-endowment		%						
	Permanent endowment	%							
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are hel	d and administer	ed for the	organiz	ation	[
	by.								<u>'es No</u>
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
_	If "Yes" on line 3a(ii), are the related organiza			R?				3b	
Dar	t VI Land, Buildings, and Equipm		owment funds						
Fai			0 D-4 N/ l 44	- O F 000	D-4 V 1	40			
	Complete if the organization answere		1					4 N D 1	
	Description of property	(a) Cost or o	1 ' '	ost or other sis (other)		umulate	a	(d) Book	value
		Dasis (irresti	Date Date	oio (Ottiet)	depre	eciation	-+-		
	Land		-	155 000	1,	7 0	17 -	27	1 / 1
	Buildings			L55,088.		27,94	<u> </u>		<u>,141.</u>
	Leasehold improvements								
	Equipment								
	Other Add lines 1a through 1e. (Column (d) must e	aval Form 000, Dard	V column (P) Im	0.1001	 -		_	27	,141.
ı vlal	. Aug mies la miculum le. (Columni loi Must e	uuai ruiii 330. PAN	A. GUIUITIII IDI. III	C / UL./			_	41	, + * + .

Schedule D (Form 990) 2018

TEXAS CENTE	R FOR CHILD A	ND FAMILY	
Schedule D (Form 990) 2018 STUDIES			4-2949902 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			·
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u> .		
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d See Form 990, Part X, line 15	
	Description		(b) Book value
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)	<u> </u>		
<u>(7)</u>			
(8)			

Total. (Co				Part X,	col (E	3) line	15.)
Part Y	thar I	iahiliti	96				

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE DUE TO RELATED ENTITY	
(3)	TACFS	40,388.
(4)	NOTE PAYABLE TO RELATED ENTITY	
(5)	TACFS	29,080.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25)	69,468.

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

Schedule D (Form 990) 2018

		TEXAS	CENTER	R FOR (CHILD AND	D FAMI	LY	<u></u> .		
	(Form 990) 2018	STUDII	<u>ss</u>						<u> 2949902</u>	Page 4
Part XI	Reconciliation of	f Revenue	e per Aud	ited Fina	ncial Statem	ents Wit	n Revenue	per Keturi	n.	
	Complete if the organ	ization answ	ered "Yes" o	n Form 990), Part IV, line 12	<u>a</u>			T	
1 Total	revenue, gains, and oth	er support p	er audited fi	nancial stat	ements			_1_		
2 Amou	ints included on line 1 b	out not on Fo	rm 990, Parl	t VIII, line 12	2	1 1				
a Net u	nrealized gains (losses)	on investme	nts			2a				
b Dona	ted services and use of	facilities				2b				
c Reco	veries of prior year gran	ts				2c				
d Other	(Describe in Part XIII)					2d				
e Add I	ines 2a through 2d							2e		
3 Subtr	ract line 2e from line 1							3		
4 Amou	unts included on Form 9	90, Part VIII,	line 12, but	not on line	1.			İ		
a Inves	tment expenses not inc	luded on Fo	rm 990, Part	VIII, line 7b		4a				
b Other	(Describe in Part XIII)					4b				
c Add I	ines 4a and 4b							4c		
5 Total	revenue Add lines 3 an	d 4c. (This n	nust equal Fo	orm 990, Pa	rt I, line 12.)			5		
Part XII	Reconciliation of	f Expense	s per Au	dited Fina	ancial Stater	nents Wi	th Expense	s per Retu	ırn.	
	Complete if the organ	zation answ	ered "Yes" c	n Form 990), Part IV, line 12	a.				
1 Total	expenses and losses p	er audited fir	nancial state	ments				1		
	unts included on line 1 b									
	ted services and use of					2a				
	year adjustments					2b				
c Other	•					2c				
	r (Describe in Part XIII)					2d				
	ines 2a through 2d							2e		
	ract line 2e from line 1							3		
	unts included on Form 9	90. Part IX.	ine 25. but r	ot on line 1						
	tment expenses not inc					4a		•		
	r (Describe in Part XIII)			,		4b				
	ines 4a and 4b							4c		
_	expenses Add lines 3 a	and 4c (This	must equal	Form 990 F	Part I. line 18.)			5		***
Part XIII	Supplemental In	formation).		<u> </u>	•			•	
rovide the	descriptions required f	or Part II, line	es 3, 5, and 9					V, line 4; Par	t X, line 2, Part	XI,
ies 2d and	d 4b, and Part XII, lines	2d and 4b A	Also complet	e this part t	o provide any ac	iditional info	ormation			
										
. <u> </u>									•	
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			_							
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				-						
									<u></u>	
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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.

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

Open to Public Inspection 2018

OMB No 1545-0047

Name of the organization TEXAS CENTER FOR CHILD AND	TER FOR C		FAMILY		:		Employer identification number
Part I General Information on Grants and Assistance	nd Assistance			i	!		7066767-71
1 Does the organization maintain records to substantiate the amount of	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
	stance?				ı		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organi 85,000. Part II car	izations and Domestion be duplicated if additi	c Governments. Connal space is need	omplete if the orga led	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							BUILDING FOSTER CARE
ARROW CHILD AND FAMILY MINISTRIES							CAPACITY AND MITIGATING
_							TRAUMA IN THE AFTERMATH
SPRING TX 77388	90-1078761	501(C)(3)	130,000.	0.			OF HURRICANE HARVEY.
							BUILDING FOSTER CARE
DEPELCHIN CHILDREN'S CENTER							CAPACITY AND MITIGATING
ž							TRAUMA IN THE AFTERMATH
HOUSTON, TX 77007	76-0318867	501(C)(3)	179,890.	0			OF HURRICANE HARVEY.
							BUILDING FOSTER CARE
DEVEREUX ADVANCED BEHAVIORAL							CAPACITY AND MITIGATING
rΩ							TRAUMA IN THE AFTERMATH
LEAGUE CITY, TX 77573	23-1390618	501(C)(3)	120 000.	0			OF HURRICANE HARVEY.
							BUILDING FOSTER CARE
FAMILY ENDEAVORS, INC.				-			CAPACITY AND MITIGATING
							TRAUMA IN THE AFTERMATH
SAN ANTONIO, TX 78228	23-7223078	501(C)(3)	100,000.	0			OF HURRICANE HARVEY,
							BUILDING FOSTER CARE
GIRLS' HAVEN, INC.							CAPACITY AND MITIGATING
3380 FANNIN ST							TRAUMA IN THE AFTERMATH
BEAUMONT, TX 77701	76-0449578	501(C)(3)	135,000.	0.			OF HURRICANE HARVEY,
							BUILDING FOSTER CARE
GRACE MANOR, INC.							CAPACITY AND MITIGATING
325 TENAHA ST							TRAUMA IN THE AFTERMATH
CENTER TX 75935	75-2942021	501(c)(3)	76,000.	0.			DF HURRICANE HARVEY.
2 Enter total number of section 501(c)(3) and government organizations I	nd government or	ganizations listed in th	isted in the line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Schedule ! (Form 990) (2018)

Schedule I (Form 990) STUDIES
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) TEXAS CENTER FOR CHILD AND FAMILY STUDIES

Page 1

74-2949902

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Or	Tited States (Source	dule i (roriii 990), Par	(111)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							BUILDING FOSTER CARE
PRAIRIE HARBOR							CAPACITY AND MITIGATING .
~							TRAUMA IN THE AFTERMATH
WALLIS, TX 77485	46-3203962		87,483.	0			OF HURRICANE HARVEY,
							MITIGATING COMPOUNDING
į							TRAUMA SUFFERED BY
HOME, INC 9035 COMAL ST -							CHILDREN IN THE AFTERMATH
HOUSTON, TX 77051	82-1579974	501(C)(3)	50,000,	0			OF HURRICANE HARVEY,
				_			MITIGATING COMPOUNDING
SHELTERING HARBOUR				•••			TRAUMA SUFFERED BY
17803 W STRACK DR							CHILDREN IN THE AFTERMATH
SPRING, TX 77379	76-0383689	501(C)(3)	50,000.	0			OF HURRICANE HARVEY,
				•			
TEJANO CENTER FOR COMMUNITY							BUILDING FOSTER CARE
CONCERNS INC 2950 BROADWAY ST -							CAPACITY IN THE AFTERMATH
HOUSTON, TX 77017	76-0377101	501(C)(3)	90,000	0			OF HURRICANE HARVEY,
THE JIM H. GREEN KIDZ HARBOR INC.				•			BUILDING FOSTER CARE
PO BOX 95							CAPACITY IN THE AFTERMATH
LIVERPOOL, TX 77577	90-0198510	501(C)(3)	111,174.	0			OF HURRICANE HARVEY,
OFBRING							BULLDING FOSTER CARE
×							CAPACITY IN THE AFTERMATH
AUSTIN TX 78754	74-1109745	501(C)(3)	40,000.	0			OF HURRICANE HARVEY.
							MITIGATING COMPOUNDING
YES PREP PUBLIC SCHOOLS							TRAUMA SUFFERED BY
Ε.							CHILDREN IN THE AFTERMATH
HOUSTON TX 77033	76-0563835	501(C)(3)	40,000.	0.			OF HURRICANE HARVEY,
PRESBYTERIAN CHILDREN'S HOMES AND							MITIGATING COMPOUNDING
SERVICE - 5920 WEST WILLIAM CANNON				_			TRAUMA SUFFERED BY
DR, BUILDING 3, SUITE 100 -							CHILDREN IN THE AFTERMATH
AUSTIN, TX 78749	75-0818172	501(C)(3)	41,453,	0			OF HURRICANE HARVEY,
							MITIGATING COMPOUNDING
BOYS AND GIRLS CLUB HOUSTON							TRAUMA SUFFERED BY
815 CROSBY ST							CHILDREN IN THE AFTERMATH
HOUSTON TX 77019	76-0270942	501(c)(3)	80,000,	0			OF HURRICANE HARVEY,
							Schedule I (Form 990)

TEXAS CEN	CENTER	FOR	CHILD	AND	FAMILY	
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Schedu	ule I (Form 990)	STUDIES 74	74-2949902
Part	I Continuation of	Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	dule I (Form 990), Par	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMS WIDE ADOPTION SERVICES 6925 PORTWEST DR, SUITE 110 HOUSTON, TX 77024	74-2116380	501(C)(3)	.000.08	0			MITIGATING COMPOUNDING TRAUMA SUFFERED BY CHILDREN IN THE AFTERMATH OF HURRICANE HARVEY,
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA MS: BCM160 HOUSTON, TX 77030	74-1613878	501(C)(3)	.000.08	0			MITIGATING COMPOUNDING TRAUMA SUFFERED BY CHILDREN IN THE AFTERMATH OF HURRICANE HARVEY,
MEADOWS MENTAL HEALTH POLICY INSTITUTE - 2800 SWISS AVE - DALLAS, TX 75204	46-3992618	501(C)(3)	475,000,	0			TO IMPROVE THE FOSTER CARE RATE METHODOLOGY,
					l		
				-			Schedule I (Form 990)

04-01-18

STUDIES

Schedule I (Form 990) (2018)

Part III

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

Page 2

74-2949902

(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 TEXAS CENTER PERFORMS MONTHLY REPORTS THAT EVALUATES THE AWARD AND TEXAS CENTER OF CHILD AND FAMILY STUDIES (TEXAS CENTER) ADOPTED A TEXAS CENTER ENTERS INTO A SUBCONTRACT WITH THE AWARDEE WHICH (d) Amount of non-cash assistance MONITORING AND EVALUATION POLICY AND IS SUMMARIZED AS FOLLOWS: SPECIFIES KEY TERMS AND CONDITIONS OF THE AWARD INCLUDING KEY BUDGET AND REPORTING REQUIREMENTS. 8.250. (c) Amount of cash grant (b) Number of recipients TRACKS THE PERFORMANCE INDICATORS. PROVIDED EMERGENCY DISASTER RELIEF TO FOSTER CARE CHILDREN AND FAMILIES IMPACTED BY HURRICANE (a) Type of grant or assistance PART I, LINE PERFORMANCE INDICATORS, SCHEDULE I, HARVEY 2

Schedule I (Form 990) (2018)

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TEXAS CENTER PERFORMS ON-SIGHT MONITORING VISITS AT LEAST ANNUALLY

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Sche	edule I (Form	990) . pplemental	STU	DIES					74-	<u> 2949902</u>	Page 2
Pa	rt IV Su	pplemental	Information	on	 						
TO	ENSUR	E COMPLI	ANCE W	ITH T	THE SUI	BCONTRACT A	GREE	EMENT.			
<u>4.</u>	TEXA	S CENTER	PERFO	RMS I	FISCAL	MONITORING	то	DETERMINE	THAT A	LL	
<u>RE</u>	PORTED	EXPENSE	S ARE	ALLOV	VABLE,	AUTHORIZED	ANI	PROPERLY	SUPPOR	TED.	
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SCHEDULE O

(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

Employer identification number

74-2949902

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

TEXAS CENTER FOR CHILD AND FAMILY

STUDIES

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

ORGANIZATION PROCESS TO REVIEW FORM 990

THE TREASURER OF BOARD OF DIRECTORS REVIEWED THE FORM 990 WITH THE INDEPENDENT TAX ADVISERS BEFORE IT WAS FILED. EACH BOARD OF DIRECTOR WAS PROVIDED WITH A COPY OF THE FORM 990 PRIOR TO THE RETURN BEING FILED.

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

ENFORCEMENT OF CONFLICTS OF INTEREST

TEXAS CENTER FOR CHILD AND FAMILY STUDIES 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 TEXAS CENTER FOR CHILD AND FAMILY STUDIES 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

C.THE INTERESTED DIRECTOR MUST ABSTAIN FROM VOTING ON THE TRANSACTION.

D. THE INTERESTED DIRECTOR WILL NOT BE COUNTED IN DETERMINING WHETHER THERE

IS A QUORUM PRESENT TO CONSIDER THE TRANSACTION.

DISCUSSION OF THE MERITS OF THE TRANSACTIONS.

E.THE TRANSACTION MUST BE APPROVED BY A MAJORITY VOTE OF THE REMAINING

BOARD MEMBERS.

MEMBERS OF THE BOARD OF DIRECTORS. CONSULTANTS. STAFF OR ANY RELATIVES OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Scredule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization TEXAS CENTER FOR CHILD AND FAMILY STUDIES	Employer identification number 74-2949902
THESE INDIVIDUALS WILL NOT RECEIVE PREFERENTIAL TREATMENT	IN APPLICATION
FOR AND RECEIPT OF THE ORGANIZATION'S SERVICES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE	
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION CHANGED ITS ACCOUNTING METHOD FROM THE M	ODIFIED CASH
BASIS OF ACCOUNTING TO THE ACCRUAL METHOD OF ACCOUNTING T	O BETTER
REFLECT ITS FINANCIAL POSITION.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection 2018

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

TEXAS CENTER FOR CHILD AND FAMILY

STUDIES

Name of the organization

Department of the Treasury internal Revenue Service

Employer identification number. 74-2949902► Go to www.irs.gov/Form990 for instructions and the latest information.

Parti	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	if the organization answered "Yes"	on Form 990, Part IV, line 33				ţ,
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
		-					
Part II	Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year		if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, be	ecause it had one	or more related tax-exe	əmpt
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
TEXAS 7 - 23-7	TEXAS ALLIANCE FOR CHILD AND FAMILY SERVICES - 23-7433041, 409 W 13TH STREET, AUSTIN, TX 78701	TO ASSIST IN SUPPORTING AND PROMOTING THE INTERESTS OF ITS MEMBERS,	TEXAS	501(C)(6)		:	
							_
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2018

STUDIES

Schedule R (Form 990) 2018

Page 2 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

74-2949902

		_	
(j) (k) General or Percentage managing ownership partner? Yes No	•		
General or managing partner?			
Gen Gen (
Code V-UBI amount in box mount in box mount in box mount in box mount in K-1 (Form 1065) y			
rtonate lons?			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets		ļ	
(f) Share of total Income			
(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

1		ا _ ا	}		J		J		I		J		
	ction DX13) rolled tity?	Yes No											
	Section 512(b)(13) controlled entity?	Yes											
3	Percentage ownership												
(6)	Share of end-of-year												
€	Share of total income												
(e)	Type of entity (C corp, S corp	or trast		-									
(D)	Direct controlling entity												
(0)	Legal domicite (state or foreign	country)											
(q)	Primary activity	:											
(a) (b)	Name, address, and EIN of related organization											•	

Schedule R (Form 990) 2018

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Page 3

TEXAS CENTER FOR CHILD AND FAMILY STUDIES

Schedule R (Form 990) 2018

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

					ĺ
				-	å
is with one or more re	lated organizations listed	ın Parts II:IV?			•
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			ţ.		×
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who must complete the	is line, including covered	relationships and transaction thresholds			
(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount inv	hvolved		
0	201,007.	COST			
д	280,241.	COST			
			:		
39		Schedule	B (Form	(066	2018
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule During the tax year, did the organization engage in any of the following transactions with one or more re Receipt of (i) interest, (ii) annutres, (iii) royalties, or (iv) rent from a controlled entity Giff, gard, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Bade of assets to related organization(s) Exchange of assets to metated organization(s) Exchange of assets to metated organization(s) Exchange of assets to membership or fundrasing solicitations by related organization(s) Performance of services or membership or fundrasing solicitations by related organization(s) Performance of services or membership or fundrasing solicitations by related organization(s) Performance of services or membership or fundrasing solicitations by related organization(s) Performance of services or membership or fundrasing solicitations by related organization(s) Shaming of facilities, equipment, no riber assets with related organization(s) Shaming of services or membership or fundrasing solicitations by related organization(s) Shaming of services or membership or fundrasing solicitations by related organization(s) Shaming of services or membership or fundrasing solicitations by related organization(s) Shaming of services or membership or fundrasing solicitations by related organization(s) Shaming of services or membership or fundrasing solicitations for information on who must complete till in the answer to any of the above is "see the mistructions for information on type (as) BEXAS ALLIANCE OF CHILLD AND FAMILY BEXAS ALLIANC	nnzation(s) nnzation(s) nnzation(s) on(s) An must complete this line, including covered type (a-s) O 201,007. P 280,241.	matron(s) nust complete this line, including covered relationships and transaction thresh type (as) O 201,007.COST P 39	matron(s) nust complete this line, including covered relationships and transaction thresh type (as) O 201,007.COST P 39	with one or more related organizations listed in Parts II-1V7 1

74-2949902

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TEXAS CENTER FOR CHILD AND FAMILY

STUDIES Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(g)	(0)	(d) (e)	S	(6)	3	8	9	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	t income related, tax under	ਲ ⊆	Share of end-of-year assets	Dispropor- tonate allocations?	Dispropor- Libration amount in box 20 managing ownership of Schedule K-1 pariner of Schedule K-1 pariner of Schedule K-1 pariner of Schedule K-1	General or managing partner?	Percentage ownership
			Society 7 res No			Ves No	(500)	Yes No	

Schedule R (Form 990) 2018