Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection For the 2018 calendar year, or tax year beginning , 2018, and ending 01/01 12/31 , 20 18 C Name of organization THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN D Employer identification number R Check if applicable: Address change Doing business as Prevent Child Abuse Texas 46-1332547 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change 1341 W Mockingbird Lane Suite 560W Initial return 469-399-6900 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Dallas, TX, 75247 G Gross receipts \$ 1.355.893 Amended return F Name and address of principal officer: Application pending Sophie Phillips H(a) Is this a group return for subordinates? Yes No 1341 W Mockingbird Ln Suite 560W, Dallas, TX 75247 **H(b)** Are all subordinates included? Yes No If "No," attach a list. (see instructions) \_\_\_ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ **H(c)** Group exemption number ▶ Form of organization: Corporation Trust Association L Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To protect Texas children from the trauma of abuse and neglect and empower families to thrive through education, research, and advocacy. Activities & Governance 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 13 6 6 Total number of volunteers (estimate if necessary) . . . . . . . . . . . . 38 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 38 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 829.057 1,341,512 Revenue 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 0 6 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -68,414 -40,332 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 760,643 1,301,186 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 850,819 717.528 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 186,697 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 371,032 497,574 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,221,851 1,215,102 19 Revenue less expenses. Subtract line 18 from line 12 . -461,208 86,084 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 404,893 486,362 21 Total liabilities (Part X, line 26) . 47.942 43.327 22 Net assets or fund balances. Subtract line 21 from line 20 356,951 443,035 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Decision from the property for preparer (other than officer) is based on all information of which preparer has any knowledge. 11/11/2019 sophie Phillips Sign Signature of officer 53B3301103B94D4. Date Here Sophie Phillips, CEO Type or print name and title Print/Type preparer's name Preplaced Signedaty re Date **Paid** Check ✓ if 11/11/2019 Darrel Harris self-employed P00503631 **Darrell Harris CPA Preparer** Firm's name ► Darrell Harris CPA PC Firm's EIN ▶ **Use Only** -6750F9B265B048B Firm's address ▶ 6060 N Central Expressway Suite 500, Dallas, TX 75234 214-883-4382 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 
☐ No

Cat. No. 11282Y

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To protect Texas children from the trauma of abuse and neglect and empower families to thrive through education, research, and
	advocacy.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 369,928 including grants of \$ 0 ) (Revenue \$ 0 )
	Public Policy and Advocacy: TexProtects leads three primary collaborations of advocates and experts who develop consensus
	public policy and budget agendas prior to each legislative session with an emphasis on three areas: child abuse prevention, CPS
	and Foster Care improvements, and access to services and trauma-informed treatment for youth. Through these collaborations,
	we continue to lead the effort to ensure all child advocacy organizations speak with one voice. The Child Protection Roundtable
	(CPRT) is our largest collaboration statewide, which brings together 80 organizations with child protection expertise to develop a consensus public policy agenda focused on the three key areas previously mentioned. Founded in 2012, the Texas Home Visiting
	Consortium's goal (THVC) is to increase the awareness of evidence-based home visiting in Texas as a child abuse prevention
	strategy, and to coordinate legislative advocacy efforts, resulting in increased investments and reaching more families in need.
	The Dallas-based TexProtects Public Policy Committee works to identify issues and introduce broad-scale systemic changes
	needed to improve the Texas child protection and judicial systems as well as ways to bring evidence-based child abuse prevention
	programs to scale statewide. The organization has contributed to the passage of over 46 pieces of legislation impacting the child
	welfare system in Texas.
4b	(Code: ) (Expenses \$ 125,325 including grants of \$ 0 ) (Revenue \$ 0 )
	Home Visiting Campaign: The goal of the TexProtects' Home Visiting Campaign is to raise the awareness of and increase the
	access to high-impact early childhood home visiting programs that serve families with kids five and under in Texas. TexProtects
	builds this program through research, public policy development, community messaging and awareness, and advocacy activities.
	Supporting families with children during their early years with home visiting services can reduce the economic burden on
	taxpayers. By improving maternal and child health, increasing child safety and reducing maltreatment, promoting child
	neurodevelopment and school readiness, and increasing father engagement and family self-sufficiency, we can reduce
	downstream costs associated with maltreatment and other trauma early in life. TexProtects' collaboration and consultation with
	The United Way of Metropolitan Dallas on the Dallas County HOPES Project is a part of this program as well where we are
	building out a comprehensive child abuse prevention program in three targeted high-risk zip codes in Dallas County.
4c	(Code: ) (Expenses \$ 194,704 including grants of \$ 0 ) (Revenue \$ 0 )
	Research: TexProtects conducts in-depth, comprehensive research on the CPS system, risk factors for child maltreatment, and
	adverse outcomes for abused children. Our research is the foundation for identifying issues, recognizing best practices, and
	creating a consensus legislative agenda prior to each legislative session. TexProtects makes our research available by publishing
	written works that correspond to our public policy priorities and also make research available on our website through interactive
	platforms such as the ZipRisk Project and the Child Maltreatment Data Dashboards that were completed in 2016 in collaboration
	with our partners, Alliance Data and The University of Texas at Dallas School of Engineering and Computer Science.
74	Other program convices (Describe in Schedule O.). See Schedule O. Statement 3
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2 (Expenses \$ 152,463 including grants of \$ 0 ) (Revenue \$ 0 )
4e	Total program service expenses ► 842,420
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Part	V Checklist of Required Schedules			. ago c
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
2	complete Schedule A	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4	,	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
е	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	11f	~	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	,	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	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?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		~
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		,
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		,
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		~
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		~
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I </i>	33		~
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		,
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		,
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oneck if Schedule O contains a response of note to any line in this Part v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   12			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			. ugo				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	13						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? $$ .	2b	~					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ove a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	er,   4a		~				
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF							
Eo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	1). 5a		1				
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~				
C								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>5c</b>						
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	V					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of							
	gifts were not tax deductible?	6b	~					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls st						
	and services provided to the payor?	7a	~					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		~				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract			<b>V</b>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			~				
0	<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	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 12b	_						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which							
b	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	~				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of the payment (s) during the year?			.,				
	excess parachute payment(s) during the year?	15		~				
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income	? 16		~				
10	If "Yes," complete Form 4720, Schedule O.	. 10						

Part	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. S			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		~
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11a 117	.		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
L				
b	Enter the number of voting members included in line 1a, above, who are independent .   16  16	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<b>/</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		<b>/</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	•	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>'</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	, ,	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
100	Did the every institute have lead chapters branches or effiliates?	100	Yes	No V
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		<b>/</b>
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	<b>'</b>	
	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		~
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	401-		
Cooti	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an argonization to make its Forms 1023 (1024 or 1024 A if applicable), 900, and 900.		+ion 5	 (01/a)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  V Own website Another's website V Upon request Other (explain in Schedule O)	(Sec	tion 5	OU I (C)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest į	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Sophie Phillips, (469)399-6900			

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

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

#### 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 no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.
(C)										
(A)	(B)	, ,			ition			(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable	Reportable	Estimated
	hours per week (list any				lirector/trustee)		tee)	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	Key	emp	Former	the	organizations	compensation
	related organizations	vidu	Institutional trustee	cer	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	al tr	onal		ploy	com		(11 2) 1000 111100)		and related
	line)	uste	trus		ee	pen				organizations
		Ф	tee			Highest compensated employee				
						_				
Ann Margolin	10.00									
Chairman	0.00	~		~				0	0	0
Anne Crews	5.00									
Vice Chairman	0.00	-		~				0	0	0
Eric Laub	2.00			١.,						
Treasurer	0.00	-		~				0	0	0
Mandy S Price	2.00			١.,						
Secretary	0.00	-		~				0	0	0
John Castle	2.00							_		_
Member	0.00	-						0	0	0
Cynthia Izaguirre	2.00									
Member	0.00	-						0	0	0
Chuck Meadows	2.00									
Member	0.00	-						0	0	0
Tegwin Pulley	2.00									
Member	0.00	-						0	0	0
Eddie Reeves	2.00									
Member	0.00	~						0	0	0
Dawna L Richter	2.00	~								
Member Shaning	0.00	-						0	0	0
Florence Shapiro	2.00	_								
Member White an Change	0.00							0	0	0
Whitney Strauss	2.00	_							0	
Member Ann Stuart	0.00							0	U	0
Ann Stuart	2.00	_						0	0	0
Member LaMonto Thomas		+						0	0	0
LaMonte Thomas  Member	2.00 0.00	~						0	0	0
MELLINEL	0.00									<u> </u>

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (	continu	ed)		
	<b>(A)</b> Name and title		(C) Position (do not check more that box, unless person is bot officer and a director/tru (list any						(D)  Reportable compensation from	(E)  Reportable compensation fron related organizations	n from	Estir amo ot	F) mated unt of her	•
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-N		fror organ and r	ensation n the nization related izations	
Chery	l Mayo Williams	2.00												
Memb		0.00	~						0		0			0
	e Wilson	2.00	,											•
Memb	ine McClure	0.00 40.00							0		0			0
	Executive Officer	0.00			~				62,292		0		:	3,114
1b c	Sub-total							<b>&gt;</b>	62,292		0		;	3,114
d	Total (add lines 1b and 1c)							<u> </u>	62,292		0		;	3,114
2	Total number of individuals (including bu reportable compensation from the organ		to th	ose	e list	ed	above	e) w	ho received m	ore than \$10	00,000	of		
	reportable compensation from the organ	ization 🚩							U				Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsated	3		~
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual									 zation or ind 	 Iividual	5		\ \
Section	on B. Independent Contractors	: 11 163, 6	отпрі	CiC	OCI	icat	ile o i	OI S	sacri persori	<del></del>	• •	<u> </u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	ıx
	(A) Name and business add	dress							(B) Description of s	ervices		(C) Compens	ation	
None														
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot l	limit	ed to	th	nose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

0

Part	VIII	Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule O contains a	response or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514						
ts	1a	Federated campaigns	1a (										
Contributions, Gifts, Grants and Other Similar Amounts	b	· -	1b (										
Y, G	С	· -	1c 496,987	7									
ar /	d	- <u>-</u>	1d (										
s, G	е	Government grants (contributions)	1e (										
ion r Si	f	All other contributions, gifts, grants,											
but the		and similar amounts not included above	1f 844,525	5									
d d	g	Noncash contributions included in lines 1a–1	lf: \$ 20,723	3									
Contributions, and Other Sim	h	Total. Add lines 1a-1f		1,341,512									
			Business Code										
ven	2a												
Be	b												
<u>ič</u>	С												
Ser	d												
Ē	е												
Program Service Revenue	f	All other program service revenue	€.										
<u> </u>	g	Total. Add lines 2a-2f		0									
	3	Investment income (including of											
		and other similar amounts)		6	0	0	6						
	4	Income from investment of tax-exem	pt bond proceeds ►	0	0	0	0						
	5	Royalties		0	0	0	0						
		(i) Real	(ii) Personal	_									
	6a	Gross rents											
	b	Less: rental expenses											
	С	Rental income or (loss)	0 (										
	d												
	7a	Gross amount from sales of (i) Securitie	s (ii) Other	_									
		assets other than inventory		_									
	b	Less: cost or other basis											
	_	and sales expenses .		-									
	C	Gain or (loss)	0 0										
	d	Net gain or (loss)											
Other Revenue	8a	Gross income from fundraising events (not including \$ 496,987	,										
3eV		of contributions reported on line 1c)											
ē		See Part IV, line 18		5									
ţ	b	Less: direct expenses											
O		Net income or (loss) from fundrais		-43,632		0	-43,632						
		Gross income from gaming activities	·										
		See Part IV, line 19	а										
	b	Less: direct expenses	b										
	С	Net income or (loss) from gaming	activities >										
	10a	Gross sales of inventory, le											
		returns and allowances	а										
	b	Less: cost of goods sold	b										
	С	Net income or (loss) from sales of	f inventory ►										
		Miscellaneous Revenue	Business Code										
	11a												
	b												
	С												
	d	All other revenue		3,300	0	0	3,300						
	е	Total. Add lines 11a–11d		3,300									
	12	<b>Total revenue.</b> See instructions	•	1,301,186	0	0	-40,326						

#### Part IX Statement of Functional Expenses

Investment management fees . . . . .

Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .

. . . . . . .

Advertising and promotion . . . . .

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings .

Depreciation, depletion, and amortization .

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.)

Bad Debt Expense

Inkind Expense Goods

**Total functional expenses.** Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if

following SOP 98-2 (ASC 958-720)

. . . . . . . . . . . . .

Information technology . . . . .

Occupancy . . . . . . . . .

Payments to affiliates . . . . .

Office expenses

All other expenses

f

12

13

14

15

16

17

18

19

20

21

22

23

24

а

b

c d

е

25

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (D) Management and general expenses Fundraising 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 0 0 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 0 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 0 Benefits paid to or for members . . . . 0 0 5 Compensation of current officers, directors, trustees, and key employees . . . . . 65,406 55,595 1,308 8,503 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 0 0 Other salaries and wages 7 407,357 514,118 40,353 66,408 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,614 15,440 1,479 695 Other employee benefits . . . . . . 9 75,041 55,597 7.893 11,551 10 Payroll taxes . . . . . . . . . . 45,349 36,226 3,235 5,888 11 Fees for services (non-employees): Management . . . . . . . 0 0 0 0 0 0 0 0 Legal . . . . . . . . . . . . . Accounting . . . . . . . . . . . 26,849 0 26,849 0 d Lobbying . . . . . . . . . 30,000 30,000 0 0 Professional fundraising services. See Part IV, line 17 0 0

0

0

0

0

178,498

66,292

26,313

88,889

45,681

13,618

16.728

2,669

1,000

723

0

1,215,102

314

0

0

0

83.100

15,536

20,103

68,120

32,748

11,208

10,536

854

0

0

0

842,420

0

0

0

0

0

0

65,945

16,479

2,491

7,787

5,636

2,290

1,680

1,523

314

0

0

0

0

0

0

0

4.512

292

120

29,453

34,277 3,719

12,982

7,297

# Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		. 🗆
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			177,026	1	185,012
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			174,000	3	246,722
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and t					
		trustees, key employees, and highest co				_	
		Complete Part II of Schedule L		-	0	5	0
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	ributing employers and employees' beneficiary	0	6	0	
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use		<b>F</b>	0	8	0
	9	Prepaid expenses and deferred charges			17,811	9	15,300
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	93,357			
	b	Less: accumulated depreciation	10b	54,029	36,056	10c	39,328
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 1				12	
	13	Investments-program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			404,893	16	486,362
	17	Accounts payable and accrued expenses			24,026	17	25,317
	18	Grants payable		18			
	19	Deferred revenue			16,221	19	14,349
	20	Tax-exempt bond liabilities				20	
"	21	Escrow or custodial account liability. Complete F		<u> </u>		21	
ties	22	Loans and other payables to current and for trustees, key employees, highest compen					
bili		disqualified persons. Complete Part II of Schedu				22	
Liabilities	23	Secured mortgages and notes payable to unrela		<b>+</b>	4,860	23	2 / / 1
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	4,800	24	3,661
	25	Other liabilities (including federal income tax,		· ·			
	23	parties, and other liabilities not included on lines		I			
		of Schedule D		, ,	2,835	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25			47,942	26	43,327
•		Organizations that follow SFAS 117 (ASC 958)	, che	ck here ▶ 🔽 and			
ces		complete lines 27 through 29, and lines 33 and	d 34.				
lan	27	Unrestricted net assets		[	182,951	27	201,563
Ва	28	Temporarily restricted net assets			174,000	28	241,472
nd	29	Permanently restricted net assets			0	29	0
Fu		Organizations that do not follow SFAS 117 (ASC 95	58), ch	eck here ► 🔲 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss	31	Paid-in or capital surplus, or land, building, or ed		F		31	
et /	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total liabilities and not seed for all liabilities and not seed for all liabilities and not seed for all liabilities and not seed to find helphanes.			356,951	33	443,035
	34	Total liabilities and net assets/fund balances .			404,893	34	486,362

Form **990** (2018)

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)	Part	Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 4 Revenue less expenses. Subtract line 2 from line 4 Revenue less expenses. Subtract line 2 from line 4 Revenue less expenses. Subtract line 2 from line 4 Revenue less expenses. Subtract line 2 from line 4 Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 2 from line 3 Revenue less expenses. Subtract line 2 from 8 Revenue less expenses. Subtract line 3 from 8 Revenue Reve		Check if Schedule O contains a response or note to any line in this Part XI				
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Classes  Prior period adjustments  Net unrealized gains (losses) on investments  Reporting  Net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B))  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 34, column (B))  Accounting method used to prepare the Form 990:CashAccrualOther	1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,30	1,186
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)	2		1,21	5,102
Net unrealized gains (losses) on investments 5 0 Donated services and use of facilities 6 0 Ponated services and use of facilities 6 0 Prior period adjustments 7 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund balances (explain in Schedule O) 10 0 Other changes in net assets or fund b	3	Revenue less expenses. Subtract line 2 from line 1	3		8	6,084
6   Donated services and use of facilities   7   10   10   10   10   10   10   10	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35	6,951
7   Investment expenses	5	Net unrealized gains (losses) on investments	5			0
8 Prior period adjustments	6	Donated services and use of facilities	6			0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments	8			0
33, column (B))    Part XII   Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII		33, column (B))	10		44	3,035
Accounting method used to prepare the Form 990:  Accrual  Accrual  Accounting method used to prepare the Form 990:  Accrual  Accrual  Accrual  Accrual  Accrual  Accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?    If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:    Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?    If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?    If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?    If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Part	XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII				
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?					Yes	No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1			_		
Were the organization's financial statements compiled or reviewed by an independent accountant?			plain i	n		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		~
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?		, ,	piled o	r		
b Were the organization's financial statements audited by an independent accountant?						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b	·		_	~	
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			ed on a	a		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	С					
Schedule O.  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·			~	
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			kplain ii	n		
the Single Audit Act and OMB Circular A-133?						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b	3a					
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		9			-	~
	b					
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		000	(00.1-

Form **990** (2018)

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

T

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

Insp

Employer identification number

ΗE	TEXAS ASSOCIATION FOR THE PRO	TECTION OF CH	ILDREN			46-13	32547		
Pai						<u>,                                      </u>	ns.		
	organization is not a private foundat		,		-	•			
1	A church, convention of church								
2	☐ A school described in <b>section</b> : ☐ A hospital or a cooperative hos		ē'			* *			
3 4	A medical research organization					, , , ,	(iii) Enter the		
4	hospital's name, city, and state	•	nijunction with a nosp	niai uesc	iibed iii s	ection 170(b)(1)(A)(	iii). Liitei tiie		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	<ul> <li>□ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>☑ 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.)</li> </ul>								
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organiz or university or a non-land-granuniversity:	zation described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op					
10	An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	to its exempt fur income and unr	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its		
11	☐ An organization organized and	operated exclus	sively to test for public	safety. S	See <b>secti</b>	on 509(a)(4).			
12	☐ An organization organized and								
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g								
а	☐ Type I. A supporting organity the supported organization (supporting organization. You support the supporting organization. You support the supporting organization. You support the support th	s) the power to	regularly appoint or e	lect a ma	jority of t				
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.								
С	Type III functionally integr its supported organization(s						ally integrated with,		
d	☐ Type III non-functionally ir	ntegrated. A sup	pporting organization	operated	l in conne	ection with its suppo	orted organization(s)		
	that is not functionally integ requirement (see instruction						d an attentiveness		
е	Check this box if the organi functionally integrated, or Ty						e II, Type III		
f	Enter the number of supported or	rganizations .							
g	Provide the following information	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
<b>A)</b>									
3)									
<b>C)</b>									
<b>D)</b>									
≣)									
_									

Part							-
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100,000	849,599	1,552,993	829,057	1,321,512	4,653,161
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	047,377	1,332,773	0	1,321,312	4,053,101
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	<b>Total.</b> Add lines 1 through 3	100,000	849,599	1,552,993	829,057	1,321,512	4,653,161
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,244,131
6	Public support. Subtract line 5 from line 4						3,409,030
	on B. Total Support						3,407,000
	dar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	100,000	849,599	1,552,993	829,057	1,321,512	4,653,161
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	0	0	6	6
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0		0
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc <b>First five years.</b> If the Form 990 is for the first five years.	•	•	d, third, fourth	 , or fifth tax ye	12 ear as a sectio	4,653,167 n 501(c)(3)
	organization, check this box and stop he						🕨 🗌
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2018 (line 6		•			14	73.26 %
15 16a b	Public support percentage from 2017 Sch 33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organi box and stop here. The organization qua 33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organi	ization did not lifies as a publ	check the boxicly supported	c on line 13, ar organization	nd line 14 is 33		<b>&gt;</b> 🗸
J	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, ch est. The organi	eck this box a zation qualifies	and <b>stop here.</b>	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the neets the "fact	e "facts-and-d ts-and-circum	circumstances' stances" test.	' test, check t The organizati	this box and <b>s</b> on qualifies as	top here.
18	<b>Private foundation.</b> If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	under the te	SIS listed bei	ow, piease co	implete i ait	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	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						
	<b>-</b>						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<del></del>	line 6.)						
	on B. Total Support		1	T	T		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organizatio	n's first. secon	d. third. fourth	. or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her	•		•			. , , ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2018 (line 8			13. column (f))		15	%
16	Public support percentage from 2017 Sch					16	<del>%</del>
	on D. Computation of Investment Inc					1 - 5	70
17	Investment income percentage for 2018 (I			ov line 13 colu	mn (f)) .	17	%
18	Investment income percentage from 2017			-		18	<del>%</del>
19a	331/3% support tests—2018. If the organi						
·va	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a						
b	331/3% support tests—2017. If the organization	_	-	-		-	
b	line 18 is not more than 331/3%, check this b						
20	Private foundation If the organization did	_	_	•	-	-	_

#### 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.)

# Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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,"	4c		
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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			
b	was accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
•	designated in the organization's organizing document?	5b 5c		
6	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a		100		

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.)

10b

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Part I	V Supporting Organizations (continued)		•	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI -
4	Did the divestors twisters as membership of any or many supported exempirations have the neguests		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	•		
	71		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	on its supported organizations: It is, describe in Fait VI the role played by the organization in this regard.	JU		

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instructions).

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons A through E.
Section 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		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	_	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	i age i
Sect	ion D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T T		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	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)			
j_	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.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Part VI	<b>Supplemental Information.</b> 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.)

# SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, ,						
	ection 501(c)(4), (5), or (6) orga	inizations: Complete Part III.				
	of organization				tification number	
		HE PROTECTION OF CHILDREN			46-1332547	
Part		e organization is exempt und				
1		the organization's direct and in	direct political ca	mpaign activities in Part	IV. (see instruction	ons fo
_	definition of "political can					
2		y expenditures (see instructions) .				
3		cal campaign activities (see instruc				
Part	<u> </u>	e organization is exempt und	·			
1		excise tax incurred by the organiza				
2		excise tax incurred by organization				
3	=	ed a section 4955 tax, did it file For	=		=	No
4a					Yes	No
b	If "Yes," describe in Part					
Part		e organization is exempt und			(c)(3).	
1	Enter the amount directle	y expended by the filing organiz	ation for section	527 exempt function		
				-		
2		filing organization's funds contrib				
		vities				
3		expenditures. Add lines 1 and 2.				
						<u></u>
4	Did the filing organization	file Form 1120-POL for this year?	?		Yes	No
5		ses and employer identification nur				
		ents. For each organization listed,				
		ontributions received that were pro				
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, provid	de information in P	art IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of poli	
				filing organization's funds. If none, enter -0	contributions receive promptly and dire	
				Tulius. Il fiorie, efiter -0	delivered to a sepa	,
					political organizat	
					If none, enter -0	)
(1)						
` ,						
(2)						
(3)						
(4)						
` ,						
(5)						
,						
(6)						

Part	i II-A	Complete if the organization section 501(h)).	is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ection under
A C	heck >	if the filing organization belong	s to an affiliat	ed group (and list i	n Part IV each aff	liated group memb	er's name,
		address, EIN, expenses, and s	hare of exces	s lobbying expend	itures).		
<b>B</b> C	heck >	if the filing organization checked	ed box A and	"limited control" pr	ovisions apply.		
		Limits on Lobby				(a) Filing	(b) Affiliated
		(The term "expenditures" me	ans amounts	paid or incurred.	)	organization's totals	group totals
1a	Total lo	obbying expenditures to influence (	oublic opinion	(grass roots lobby	ing)	3,183	
b	Total lo	obbying expenditures to influence a	a legislative be	ody (direct lobbying	g)	12,732	
С	Total lo	obbying expenditures (add lines 1a	and 1b) .			15,915	
d	Other 6	exempt purpose expenditures				1,199,187	
е	Total e	xempt purpose expenditures (add	lines 1c and 1	ld)		1,215,102	
f	Lobbyi	ng nontaxable amount. Enter t	ne amount f	rom the following	table in both		
	columr	ns.				196,510	
	If the ar	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the ar	mount on line 1e.			
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
g	Grassr	oots nontaxable amount (enter 259	% of line 1f)			49,128	
h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0-			0	
i	Subtra	ct line 1f from line 1c. If zero or les	s, enter -0-			0	
j		e is an amount other than zero on greation 4911 tax for this year?		1h or line 1i, did	•		Yes No
	(Som	e organizations that made a sec	tion 501(h) el	Period Under Sec ection do not have ructions for lines	e to complete all	of the five colum	ns below.
		Lobbying	Expenditures	During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	(e) Total

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	(e) Total				
2a	Lobbying nontaxable amount	135,308	172,396	197,185	196,510	701,399				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,052,099				
С	Total lobbying expenditures	7,052	6,764	34,933	15,915	64,664				
d	Grassroots nontaxable amount	33,827	43,099	49,296	49,128	175,350				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					263,025				
f	Grassroots lobbying expenditures	1,410	1,353	6,987	3,183	12,933				

Schedule C (Form 990 or 990-EZ) 2018

	Complete if the organization is exempt under section 501(c)(3) and has NOT in (election under section 501(h)).					
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	n) No	٨	(b) mount	
ucsci	ption of the lobbying activity.	165	NO	A		
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\/ <b>E</b> \	× 00	otion		
rait	501(c)(6).	(5), (	л 56	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
rait	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line (	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year	.	2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pari	• • • • • • • • • • • • • • • • • • • •					
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	i); Pai	t II-A, I	ines 1	and
2 (366	instructions), and i art ii-b, line it. Also, complete this part for any additional information.					

# SCHEDULE D (Form 990)

**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. OMB No. 1545-0047 2018

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN 46-1332547 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Schedule D (Form 990) 2018 Page **2** 

Part	Organizations Maintaining Col	lections of A	Art, His	torical 1	Treasures,	or Ot	her Similar Ass	ets (continued	1)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and oth	ier recoi	ds, chec	k any of the	follow	ving that are a sig	gnificant use of	its
а	☐ Public exhibition		d	Loan	or exchange	e progr	ams		
b	☐ Scholarly research		е		_				
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	nd expla	in how t	hey further t	the org	anization's exem	ot purpose in Pa	art
5	During the year, did the organization solid assets to be sold to raise funds rather than								
Dow			neu as p	Jan Or un	e organizatio	JII S CO	ilection?	☐ Yes ☐ N	<u>o</u>
Part	Complete if the organization ans 990, Part X, line 21.		on For	m 990, F	Part IV, line	9, or	reported an amo	ount on Form	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								lo
b	If "Yes," explain the arrangement in Part XI	III and comple	te the fo	llowing to	able:		Λm	nount	_
								iourit	—
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on								0
	If "Yes," explain the arrangement in Part XI	III. Check here	if the ex	(planatio	n has been p	orovide	d on Part XIII .	🗆	
Par									
	Complete if the organization ans								
	(a)	Current year	(b) Pri	or year	(c) Two years	s back	(d) Three years back	(e) Four years bac	k_
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								_
е	Other expenditures for facilities and programs								
f	Administrative expenses								_
g	End of year balance								_
2	Provide the estimated percentage of the co	urrent vear end	d balanc	e (line 1c	ı. column (a)	) held a	ns:		_
а	Board designated or quasi-endowment ▶			` `	,,	,			
b	Permanent endowment ►%	 ^ n	- , -						
C	Temporarily restricted endowment ▶	%							
·	The percentages on lines 2a, 2b, and 2c sh		<b>Λ</b> %						
3a	Are there endowment funds not in the pos			zation th	at are held a	and adr	ministered for the		
ou	organization by:		o organii	Lation th	at are riola t	aria aai	minotoroa for the	Yes N	_
	(i) unrelated organizations							3a(i)	_
	(ii) related organizations							3a(ii)	—
<b>L</b>	If "Yes" on line 3a(ii), are the related organi							3b	—
b 1	( ),							30	—
4 Por	Describe in Part XIII the intended uses of the		i s endo	WITHER IL	ui ius.				—
Part	, , , , , ,			000 [	David IV / 15-a-	44- (	O F 000 I	2-4 V B 40	
	Complete if the organization ans			·				·	_
	Description of property	(a) Cost or oth (investme		` '	or other basis other)		Accumulated preciation	(d) Book value	
1a	Land		0		0				0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0
d	Equipment		0		37,357		31,010	6,34	
e	Other		0		56,000		23,019	32,98	
	Add lines 1a through 1e (Column (d) must be	egual Form 00		Column		c )	23,017	32,90	_

Schedule D (Form 990) 2018 Page **3** 

(a) Description of security or category (including name of security) (incl	Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See F	Form 990 Part X line 12
(1) Financial derivatives (2) Closely-held equity interests (3) Closer (4) (3) Closer (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		(a) Description of security or category		(c) Method of valuation:
	(1) Financial	derivatives		
(G)				
(6) (7) (8) (8) (9) Total (Column (a) must equal form 930, Part X, cot. (B) line 12.) ▶    Part VIII   Investments	(3) Other			
(C)				
(5) (6) (7) (8) (8) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(ii) (iii) (iiii) (iiiiiiiiiiiiiiiiiiii				
(i) (ii) Total. (Column (ii) must equal Form 990, Part X, cot. (ii) line 12.) ▶    Part VIII   Investments — Program Related.   (iii)   Investment   (iii)   Book value   (iii)				
Total,				
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		b) must agual Farm 000 Part V and /D) lina 12)		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII	<del>-</del>	IV line 11c See F	Form 990 Part X line 13
(1)   Cost or end-of-year market value   (1)   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (10)		· •		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  1. (a) Description of liability (c) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(a) Description of investment	(b) Book value	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  1. (a) Description of liability (c) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)			
(6) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Liabilities.  (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (9) Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (1) Folderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (1) Folderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (1) Folderal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Folderal income taxes (1) Folderal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Folderal income taxes (1) Folderal income taxes (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)				
[6] (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  1. (a) Description of liability (b) Book value  (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7)   (8)   (9)				
(a)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description           (b) Book value           (1)           (2)           (3)         (4)           (5)         (6)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         ►           Part X         Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (b) Book value           (1) Federal income taxes         (a) Description of liability         (b) Book value           (1) Federal income taxes         (a)         (b) Book value           (5)         (6)         (7)           (6)         (7)         (8)           (9)         (9)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         (a)           (a) Golden (b) must equal Form 990, Part X, col. (B) line 25.)         (b) Book value	(8)			
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes 0  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Part IX			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			IV, line 11d. See F	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a) Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
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(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability         (b) Book value           (1) Federal income taxes         0           (2)         (3)           (4)         (5)           (6)         (7)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         0				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) must equal Form 990, Part X, col. (8) line 25.) ▶	Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ▶
line 25.         1. (a) Description of liability       (b) Book value         (1) Federal income taxes       0         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       0	Part X	Other Liabilities.		·
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       0         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       0		Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f	. See Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		line 25.		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		come taxes		0
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  0				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  0				
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  0				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
		h) must aqual Form 000. Part Y, col. (P) line 25.)		
		· · · · · · · · · · · · · · · · · · ·	nization's financial etc	

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 Page **4** 

Part	• • • • • • • • • • • • • • • • • • •		-	Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,338,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	37,248		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	37,248
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,301,186
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,301,186
Part				r Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,252,350
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	37,248		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	37,248
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,215,102
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,215,102
Part	• •				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	-	-		
	ule D, Part X, Line 2 - The Organization is exempt from federal income taxes u				
	and has not been classified as a private foundation as defined in the IRC. Incom				
	ization's exempt purposes is subject to tax under IRC Section 511. The Organi				
	December 31, 2018 and 2017. Accordingly, no provision has been made for fe				
	nents. GAAP requires the evaluation of tax positions taken in the course of pre				
	bility (or asset) if the Organization has taken an uncertain position that more li				
	Internal Revenue Service. Management has analyzed the tax positions taken be				
	nber 31, 2018 and 2017, there are no uncertain tax positions taken or expected	to be	taken that would requir	e reco	gnition of a liability
(or ass	set) or disclosure in the financial statements.				

# **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name c	of the organization					Employer identific	cation number	
THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN				46-1332547				
Par	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organizatio	n raised funds t	hrough any	of the follo	owing activities. Chec	k all that apply.		
а	☐ Mail solicitations		e 🗆	Solicitati	ion of non-governmer	nt grants		
b	Internet and email solicitation	าร	f [	Solicitati	ion of government gra	ants		
С	Phone solicitations		g 🗆	Special 1	fundraising events			
d	In-person solicitations							
2a	Did the organization have a writt or key employees listed in Form							
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreement	s under which th	e fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts	(or retained by) undraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Γotal				▶				
3	List all states in which the organ registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contributions o	has been notifi	ed it is exempt from	

Schedule G (I	hedule G (Form 990 or 990-EZ) 2018								
<b>Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mothan \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events w gross receipts greater than \$5,000.									
		(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events				

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			Fundraising Gala (event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )
<u>o</u>			(cvent type)	(event type)	(total number)	
Revenue	1	Gross receipts	515,312			515,312
Ř	2	Less: Contributions	504,237			504,237
	3	Gross income (line 1 minus line 2)	11,075			11,075
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
ses	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	45,132		0	45,132
Direct	8	Entertainment	0		0	0
	9	Other direct expenses .	9,575			9,575
	10	Direct expense summary. Ad	_			54,707
Dα	11 <b>rt     </b>	Net income summary. Subtra <b>Gaming.</b> Complete if th	actime to nomine 3, c	orod "Voo" on Form (	000 Port IV line 10	-43,632
Га		\$15,000 on Form 990-E2	e organization answe Z. line 6a.	erea res on comm	990, Part IV, line 19,	or reported more than
a)		• • • • • • • • • • • • • • • • • • • •		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
В	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	<u> </u>	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No /0	□ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	<b>a</b> Is		onduct gaming activities	s in each of these states		
10		/ere any of the organization's g	aming licenses revoked	l, suspended, or termin	ated during the tax year	? .

cneau	ile G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%_
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

# **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN	46-1332547
Form 990, Part VI, Section B, Line 11b - Form 990 is distributed via email and request comments from	the board member review within 7
days.	
Form 990, Part VI, Section B, Line 12c - All employees had to acknowledge and sign handbook. With b	oard and officers this was enforced
more informally by verbally requesting any conflicts of interest. Before a person can be a board members	er, they must conclude they have no
conflict of interest and are also given the employee handbook.	
Form 990, Part VI, Section B, Line 15 - Compensation for the CEO is currently significantly under mark	
compensation is recorded as in-kind. A review of similar nonprofit agencies in the same market were r	eviewed with compensation of CEOs
and top level management.	
Form 990, Part VI, Section C, Line 18 - Form 990 is available for public inspection on Guide star.	
Form 990, Part VI, Section C, Line 19 - Governing documents and financial statements are available for	public inspection upon request.
Form 990, Part IX, Line 11g - Other service expenses include \$175,608 contract service expense and \$2	2,890 intern stipend.

Form: Form 990 (2018)

# Schedule O, Statement 1 THE TEXAS ASSOCIATION F

### THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN

EIN: 46-1332547

Page: 1 Header Section

Reasonable Cause Explanations

Explanation
Filed Extension

# Schedule O, Statement 2

### THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN

Form: **Form 990 (2018)** EIN: **46-1332547** 

Page: 2 Part III, Line 4d
Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Other programs including the Education Program and Education Outreach.	152,463	0	0
Total:		152,463	0	0