

OCTOBER 14, 2022

DEPELCHIN CHILDREN'S CENTER
4950 MEMORIAL DRIVE
HOUSTON, TX 77007

DEPELCHIN CHILDREN'S CENTER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING
INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ELISSA POSWAY

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

DEPELCHIN CHILDREN'S CENTER

EIN or SSN

76-0318867

Name and title of officer or person subject to tax **BRIAN PATE**
SENIOR VP & CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	31,747,844.
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize DOEREN MAYHEW to enter my PIN 77007
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY *****

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3849777056

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 10/14/22

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: DEPELCHIN CHILDREN'S CENTER D Employer identification number: 76-0318867 E Telephone number: 713-802-7716 F Name and address of principal officer: BRIAN PATE SAME AS C ABOVE G Gross receipts \$: 33,330,202 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.DEPELCHIN.ORG K Form of organization: L Year of formation: 1990 M State of legal domicile: TX

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, expenses, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing fields for Sign Here (Signature of officer: BRIAN PATE, SENIOR VP & CFO), Preparer (ELISSA POSWAY), and Preparer Use Only (Firm's name: DOEREN MAYHEW, Firm's address: 2600 NORTH LOOP WEST, SUITE 600 HOUSTON, TX 77092).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: WE STRENGTHEN THE LIVES OF CHILDREN BY ENHANCING THEIR MENTAL HEALTH AND PHYSICAL WELL BEING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 11,713,236. including grants of \$ 5,926,550.) (Revenue \$ 11,118,132.)

FOSTER CARE:

DEPELCHIN BELIEVES EVERY CHILD DESERVES A SAFE, LOVING AND HEALING HOME. THROUGH ITS FOSTER CARE PROGRAM, DEPELCHIN PARTNERS WITH COUPLES AND INDIVIDUALS TO PROVIDE TEMPORARY CARE FOR CHILDREN REMOVED FROM THEIR BIRTH FAMILIES BECAUSE OF ABUSE, NEGLECT OR ABANDONMENT. DEPELCHIN UNDERSTANDS THAT EACH CHILD HAS ITS UNIQUE FAMILY OF ORIGIN, EXPERIENCES AND NEEDS FOR PERMANENCY. SOME CHILDREN WILL RETURN TO THEIR BIRTH-FAMILIES, SOME WILL BE PLACED WITH KIN AND OTHERS WILL BE AVAILABLE FOR ADOPTION. DEPELCHIN PROVIDES THE SUPPORT NECESSARY FOR ALL CHILDREN IN ITS CARE TO FIND A FOREVER FAMILY. DEPELCHIN'S SUPPORT INCLUDES RECRUITING, TRAINING, AND COACHING FOSTER FAMILIES TO ADDRESS THE ON-GOING NEEDS OF A CHILD (SEE CONTINUATION ON SCHEDULE O)

4b (Code:) (Expenses \$ 7,740,139. including grants of \$) (Revenue \$ 492,324.)

PREVENTION/EARLY INTERVENTION AND EDUCATION:

DEPELCHIN OFFERS PREVENTION/EARLY INTERVENTION, COUNSELING AND PARENT EDUCATION PROGRAMS TO PROMOTE HEALTHY FAMILIES AND KEEP CHILDREN FROM ENTERING THE CHILD WELFARE/JUVENILE JUSTICE SYSTEMS. THE EVIDENCE-BASED PROGRAMS HELP IN TWO PRIMARY WAYS: FIRST, BY DECREASING THE FUTURE NEED FOR MORE INTENSIVE SERVICES AND SECOND, BY REDUCING THE NEED FOR INTERVENTION BY CHILD PROTECTIVE SERVICES OR LAW ENFORCEMENT. DEPELCHIN'S PEI SERVICES TARGET ISSUES SUCH AS FAMILY CONFLICT, YOUTH ALCOHOL, TOBACCO AND DRUG USE, BULLYING AND SCHOOL DROP-OUT. THROUGH ITS PARENT EDUCATION CLASSES, DEPELCHIN HELPS PARENTS BUILD AND MAINTAIN HEALTHY RELATIONSHIPS WITH THEIR CHILDREN AND WORK THROUGH FAMILY ISSUES (SEE CONTINUATION ON SCHEDULE O)

4c (Code:) (Expenses \$ 2,097,807. including grants of \$) (Revenue \$ 1,164,666.)

RICHMOND RESIDENTIAL TREATMENT CENTER:

DEPELCHIN'S RICHMOND RESIDENTIAL TREATMENT CENTER PROVIDES 24-HOUR RESIDENTIAL CARE FOR CHILDREN AGES 5-12 WHO ARE STRUGGLING WITH SEVERE MENTAL, EMOTIONAL, OR BEHAVIORAL PROBLEMS THAT INHIBIT NORMAL FUNCTIONING IN A FAMILY SETTING. THE PROGRAM WORKS TO HELP CHILDREN DEVELOP THE COPING METHODS, INTERNAL CONTROL, AND SOCIAL SKILLS THEY NEED TO TRANSITION TO A HOME ENVIRONMENT. SUPPORT SERVICES INCLUDE PSYCHIATRIC, PSYCHOLOGICAL AND TRAUMA EVALUATIONS; 24-HOUR SHORT-TERM INTENSIVE TREATMENT; MEDICATION MANAGEMENT; INDIVIDUAL, GROUP AND FAMILY THERAPY; MILIEU, RECREATIONAL AND ART THERAPY; INDIVIDUALIZED EDUCATION; LIFE SKILLS CLASSES; AND ONGOING OUTPATIENT THERAPY AFTER RESIDENTS LEAVE THE PROGRAM. (SEE CONTINUATION ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 520,278. including grants of \$ 0.) (Revenue \$ 567,780.)

4e Total program service expenses 22,071,460.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a		118
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	36			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		36		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **BRIAN PATE - 713-802-7716**
4950 MEMORIAL DRIVE, HOUSTON, TX 77007

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 X

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENIFER JARRIEL PRESIDENT/CEO	40.00 3.50			X				632,683.	0.	29,433.
(2) BRIAN PATE SR VP/CFO	40.00 5.00			X				201,959.	0.	12,792.
(3) LISA GARCES SR VP OF ADVANCEMENT	40.00				X			162,703.	0.	12,237.
(4) JEFFREY SMITH VP OF IT, HIPPA, AND CYBER SECURITY	40.00					X		135,951.	0.	28,203.
(5) JULIANNA HETRICK VP PREVENTION & EARLY INTERVENTION	40.00					X		126,792.	0.	13,178.
(6) JESSE BOOHER SR VP/COO	40.00					X		129,441.	0.	4,701.
(7) NEETA S. POTNIS VP OF FINANCE & ACCOUNTING	40.00					X		122,178.	0.	6,642.
(8) MATHEW HELD VP OF GRANTS MANAGEMENT & OPERATIONA	40.00					X		106,815.	0.	12,267.
(9) W. TEMPLE WEBBER III SECRETARY	2.10	X		X				0.	0.	0.
(10) PAM BRASSEUX PAST CHAIRMAN/COMMITTEE CHAIR	2.70	X		X				0.	0.	0.
(11) KAY FORBES CHAIRMAN-ELECT	3.90	X		X				0.	0.	0.
(12) SUSAN DISTEFANO CHAIRMAN	3.90	X		X				0.	0.	0.
(13) JOHN B. REED JR DIRECTOR/COMMITTEE CHAIR	2.70	X						0.	0.	0.
(14) WILLIAM H. KNULL III DIRECTOR	0.60	X						0.	0.	0.
(15) JASON ROCHA DIRECTOR	0.60	X						0.	0.	0.
(16) FRANK M. WOZENCRAFT, JR. DIRECTOR	0.60	X						0.	0.	0.
(17) PAMELA LOVETT DIRECTOR/COMMITTEE CHAIR	2.70	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KORSH JAFARNIA, M.D. DIRECTOR	0,60	X					0.	0.	0.	
(19) KIMBERLY C. DAVID DIRECTOR/COMMITTEE CHAIR	2,70	X					0.	0.	0.	
(20) KAREN DAVIS DIRECTOR/COMMITTEE CHAIR	2,70	X					0.	0.	0.	
(21) SANTOS HINOJOSA MEMBER AT LARGE	0,60	X					0.	0.	0.	
(22) NANCY COOK DIRECTOR	0,60	X					0.	0.	0.	
(23) BONNIE HELLUMS, J.D. DIRECTOR	0,60	X					0.	0.	0.	
(24) GERALDINA WISE DIRECTOR	0,60	X					0.	0.	0.	
(25) SUSAN R. BARNES DIRECTOR/COMMITTEE CHAIR	2,70	X					0.	0.	0.	
(26) DEBBI JOHNSTONE DIRECTOR	0,60	X					0.	0.	0.	
1b Subtotal							1,618,522.	0.	119,453.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,618,522.	0.	119,453.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLEANING ASSOCIATES SERVICES P.O. BOX 5752, KATY, TX 77491	JANITORIAL SERVICES	144,765.
9101 BURNET ROAD OWNER LLC P.O. BOX 208444, DALLAS, TX 75320	AUSTIN OFFICE RENT	108,821.
DMX RESTORATION 22110 ELSINORE DRIVE, KATY, TX 77450	CONSTRUCTION CONTRACTOR	100,274.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CLAUDIA GEE VASSAR DIRECTOR	0.60	X						0.	0.	0.
(28) RICH WALTON DIRECTOR	0.60	X						0.	0.	0.
(29) CECILY BURLESON DIRECTOR	0.60	X						0.	0.	0.
(30) RHONDA C. ARNOLD, J.D. DIRECTOR	0.60	X						0.	0.	0.
(31) J. COLTER LEWIS DIRECTOR	0.60	X						0.	0.	0.
(32) MIKE JOHNSTON DIRECTOR	0.60	X						0.	0.	0.
(33) WILLIAM E. TURCOTTE DIRECTOR	0.60	X						0.	0.	0.
(34) VANESSA D. GILMORE DIRECTOR	0.60	X						0.	0.	0.
(35) PHIL INNES DIRECTOR	0.60	X						0.	0.	0.
(36) JUNE DEADRICK DIRECTOR	0.60	X						0.	0.	0.
(37) DONALD HATTER DIRECTOR	0.60	X						0.	0.	0.
(38) VIM HEAD DIRECTOR	0.60	X						0.	0.	0.
(39) GLENDA GORDY DIRECTOR	0.60	X						0.	0.	0.
(40) BETH ABRAMSON MELTZER DIRECTOR	0.60	X						0.	0.	0.
(41) GINNI MITHOFF DIRECTOR	0.60	X						0.	0.	0.
(42) ANNE DUNCAN DIRECTOR	0.60	X						0.	0.	0.
(43) STEVE CHEREK DIRECTOR	0.60	X						0.	0.	0.
(44) HENRY FLORSHEIM DIRECTOR	0.60	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 1,341,779.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 2,800,000.					
	e Government grants (contributions)	1e 8,494,777.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,144,101.					
	g Noncash contributions included in lines 1a-1f	1g \$ 122,890.					
	h Total. Add lines 1a-1f		17,780,657.				
Program Service Revenue	2 a OTHER RESIDENTIAL CARE		Business Code 623990	12,876,260.	12,876,260.		
	b INDIVIDUAL AND FAMILY		624100	418,969.	418,969.		
	c OUTPATIENT SERVICE REV		621400	6,325.	6,325.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			13,301,554.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			134,285.		134,285.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real 35,525.				
		b Less: rental expenses	6b 0.				
		c Rental income or (loss)	6c 35,525.				
	d Net rental income or (loss)			35,525.		35,525.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 2,011,947.				
		b Less: cost or other basis and sales expenses	7b 1,582,358.				
		c Gain or (loss)	7c 429,589.				
	d Net gain or (loss)			429,589.		429,589.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ACCOUNTING SVC FOR FDC		Business Code 541200	40,000.	40,000.		
	b MEDICAL RECORDS SERVIC		624100	1,348.	1,348.		
	c						
	d All other revenue		523000	24,886.		24,886.	
	e Total. Add lines 11a-11d			66,234.			
12 Total revenue. See instructions				31,747,844.	13,342,902.	0.	
						624,285.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,926,550.	5,926,550.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,051,807.		876,867.	174,940.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,511,717.	9,363,339.	1,608,043.	540,335.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	374,018.	289,245.	63,060.	21,713.
9 Other employee benefits	1,584,219.	1,132,237.	374,018.	77,964.
10 Payroll taxes	924,412.	698,510.	172,891.	53,011.
11 Fees for services (nonemployees):				
a Management	240,588.	59,572.	155,007.	26,009.
b Legal	69,356.	19,916.	49,201.	239.
c Accounting	86,501.		86,501.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	322,187.			322,187.
f Investment management fees	32,866.		32,866.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,086,478.	1,034,696.	48,723.	3,059.
12 Advertising and promotion	159,958.	144,174.	1,123.	14,661.
13 Office expenses	558,464.	475,187.	53,278.	29,999.
14 Information technology	594,211.	458,803.	95,678.	39,730.
15 Royalties				
16 Occupancy	1,135,215.	1,085,098.	35,459.	14,658.
17 Travel	159,935.	154,428.	3,922.	1,585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,897.	6,602.	3,335.	21,960.
20 Interest	9,371.	40.	9,331.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	244,058.	234,375.	7,345.	2,338.
23 Insurance	326,085.	250,853.	39,018.	36,214.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SPECIFIC ASSISTANCE	467,822.	467,822.		
b FOOD SERVICES	172,380.	172,380.		
c				
d				
e All other expenses	112,038.	97,633.	7,353.	7,052.
25 Total functional expenses. Add lines 1 through 24e	27,182,133.	22,071,460.	3,723,019.	1,387,654.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,794,600.	1	8,647,378.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,087,708.	3	1,193,588.
	4 Accounts receivable, net	1,141,530.	4	1,128,867.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,564,260.	7	617.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	337,810.	9	427,969.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,577,308.		
	b Less: accumulated depreciation	10b 8,910,442.	639,631.	10c 666,866.
	11 Investments - publicly traded securities	4,685,833.	11	5,229,116.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	114,260,657.	15	123,669,664.
16 Total assets. Add lines 1 through 15 (must equal line 33)	130,512,029.	16	140,964,065.	
Liabilities	17 Accounts payable and accrued expenses	2,618,984.	17	2,526,145.
	18 Grants payable		18	
	19 Deferred revenue	228,935.	19	1,489,868.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,169,510.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,619.	25	0.
	26 Total liabilities. Add lines 17 through 25	5,071,048.	26	4,016,013.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,991,269.	27	13,000,012.
	28 Net assets with donor restrictions	114,449,712.	28	123,948,040.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	125,440,981.	32	136,948,052.
33 Total liabilities and net assets/fund balances	130,512,029.	33	140,964,065.	

Form 990 (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,747,844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,182,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,565,711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	125,440,981.
5	Net unrealized gains (losses) on investments	5	113,633.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	6,827,727.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	136,948,052.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization <p style="text-align: center;">DEPELCHIN CHILDREN'S CENTER</p>	Employer identification number <p style="text-align: center;">76-0318867</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,487,461.	8,455,664.	13,635,191.	13,713,424.	17,780,657.	63,072,397.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,487,461.	8,455,664.	13,635,191.	13,713,424.	17,780,657.	63,072,397.
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)						13,582,009.
6 Public support. Subtract line 5 from line 4.						49,490,388.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	9,487,461.	8,455,664.	13,635,191.	13,713,424.	17,780,657.	63,072,397.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	108,380.	203,024.	301,308.	156,925.	599,399.	1,369,036.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	99,517.	19,989.	22,322.		66,235.	208,063.
11 Total support. Add lines 7 through 10						64,649,496.
12 Gross receipts from related activities, etc. (see instructions)					12	77,072,350.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	76.55	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	71.64	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections 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	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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

DEPELCHIN CHILDREN ' S CENTER

Employer identification number

76-0318867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,341,779.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,464,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,066,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 794,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,169,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

DEPELCHIN CHILDREN'S CENTER

Employer identification number

76-0318867

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about property control and charitable purposes.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and expenses, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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

Schedule D (Form 990) 2021

132051 10-28-21

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	108,664,446.	97,903,163.	62,065,827.	69,242,976.	61,209,058.
b Contributions			23,248,792.		
c Net investment earnings, gains, and losses	12,495,821.	14,148,776.	15,666,808.	-4,057,405.	10,630,963.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,011,128.	3,387,493.	3,078,264.	3,119,744.	2,597,045.
f Administrative expenses					
g End of year balance	118,149,139.	108,664,446.	97,903,163.	62,065,827.	69,242,976.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 36.0000 %
 - b Permanent endowment 21.0000 %
 - c Term endowment 43.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,326,181.	4,074,578.	251,603.
c Leasehold improvements		922,656.	781,513.	141,143.
d Equipment		4,328,471.	4,054,351.	274,120.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				666,866.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF THE FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER	123,628,568.
(2) DEPOSITS	21,672.
(3) INTEREST RECEIVABLE	19,424.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	123,669,664.

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.) ▶	

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	43,692,477.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	113,633.	
b	Donated services and use of facilities	2b	2,148,958.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	9,682,042.	
e	Add lines 2a through 2d	2e		11,944,633.
3	Subtract line 2e from line 1	3		31,747,844.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		31,747,844.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	29,378,291.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,148,958.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	47,200.	
e	Add lines 2a through 2d	2e		2,196,158.
3	Subtract line 2e from line 1	3		27,182,133.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		27,182,133.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

INTENDED USE OF ENDOWMENT BALANCE:

THE ENDOWMENT BALANCES ARE USED TO SUPPORT THE MISSION AND RELATED

PROGRAMS OF DEPELCHIN CHILDREN'S CENTER AND AFFILIATED ENTITIES.

PART X, LINE 2:

DEPELCHIN CHILDREN'S CENTER IS A NONPROFIT CORPORATION AND IS EXEMPT FROM

FEDERAL INCOME TAXES ON RELATED INCOME UNDER SECTION 501(A) OF THE

INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3).

DEPELCHIN'S MANAGEMENT HAS EVALUATED THE TAX POSITIONS TAKEN BY DEPELCHIN

AND HAS DETERMINED THAT AS OF DECEMBER 31, 2021, THERE ARE NO UNCERTAIN

POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR

Part XIII Supplemental Information *(continued)*

DISCLOSURE WITHIN THE CONSOLIDATED FINANCIAL STATEMENTS. DEPELCHIN IS
 SUBJECT TO AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
 AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THAT DEPELCHIN
 IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN INTEREST OF FDCC NET ASSETS	9,407,760.
DCC TO TRANSFER BEQUEST DONATION TO FDCC	247,502.
IN-KIND GIFT	26,780.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	9,682,042.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT	20,420.
IN-KIND GIFT	26,780.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	47,200.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization: **DEPELCHIN CHILDREN'S CENTER**
Employer identification number: **76-0318867**

Part I Fundraising Activities. 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 organization raised funds through any of the following activities. Check all that apply.

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRAD CECIL & ASSOCIATES - 2115 ARLINGTON DOWNS RD,	FUND-RAISING STRATEGIES		X	1,052,824.	322,187.	730,637.
Total				1,052,824.	322,187.	730,637.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 ▶ \$ _____

c 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, TX 76011

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

DEPELCHIN CHILDREN'S CENTER

Employer identification number

76-0318867

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

DEPELCHIN CHILDREN'S CENTER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOSTER FAMILIES REIMBURSEMENT	526	5,926,550.	0.	N/A	

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DEPELCHIN LICENSES, SUPERVISES AND MONITORS ITS FOSTER HOMES. EACH FOSTER PARENT GOES THROUGH A RIGOROUS PRE-SCREENING AND TRAINING PROGRAM PRIOR TO THE HOME BEING LICENSED. SUPERVISION AND MONITORING IS DONE THROUGH MONTHLY HOME VISITS CONDUCTED BY A CLINICAL CASE MANAGER. DURING THE HOME VISITS, THE CLINICAL CASE MANAGER INSPECTS THE HOME TO INSURE THAT MINIMUM LICENSING REQUIREMENTS ARE MET AND WORKS WITH THE FOSTER PARENT TO INSURE THAT THE TREATMENT PLAN IS BEING IMPLEMENTED FOR EACH FOSTER CHILD.

Part IV Supplemental Information

PART I, LNE 2

CLIENT REIMBURSEMENT

ALL CLIENT REIMBURSEMENT REQUESTS ARE REVIEWED FOR PROPER DOCUMENTATION

AND APPROVED BEFORE BEING PAID TO THE CLIENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

DEPELCHIN CHILDREN'S CENTER

Employer identification number

76-0318867

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

Part III Supplemental Information

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

PART I, LINE 4B:

AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER,

EFFECTIVE 1/1/2016 FOR BENEFIT OF JENIFER JARRIEL. THE PARTICIPANT'S

AGREEMENT BECAME FULLY VESTED ON 12/31/2020 AND PAID OUT IN THE AMOUNT OF

\$307,913 IN 2021.

AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER,

EFFECTIVE 1/1/2021 FOR BENEFIT OF THE FOLLOWING PERSON. THE VESTING DATES

ARE 12/31/2023 (60%) AND 12/31/2025 (REMAINING 40%).

JENIFER JARRIEL

AMOUNT ACCRUED: \$64,613

AMOUNT RECEIVED: -0-

AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER,

EFFECTIVE 1/1/2021 FOR BENEFIT OF THE FOLLOWING PERSON. THE VESTING DATE IS

12/31/2025.

BRIAN PATE

AMOUNT ACCRUED: \$41,070

AMOUNT RECEIVED: -0-

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	122,890.	SALES PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29
--	-----------

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

DONATESTOCK.COM IS AN ONLINE FUNDRAISING PLATFORM USED TO FACILITATE

DONATIONS OF PUBLICLY TRADED EQUITIES IN USA BY INDIVIDUALS TO DONATE

STOCKS TO DEPELCHIN. THE STOCK DONATION IS MADE THROUGH DEPELCHIN'S

WEBSITE AND PROCESSED BY DEPELCHIN'S INVESTMENT BROKER.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

DEPELCHIN CHILDREN'S CENTER

Employer identification number

76-0318867

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHO HAS EXPERIENCED TRAUMA; PARTNERING WITH CHILD PROTECTIVE SERVICES

TO SAFELY RETURN A CHILD TO A HEALTHY BIRTH FAMILY; OR ASSIST WITH THE

CONSUMMATION OF ADOPTION.

THE COMMITMENT TO FOSTER A CHILD COMES WITH GREAT REWARDS AND GREAT

CHALLENGES. IN ADDITION TO MONTHLY FINANCIAL ASSISTANCE FOR EACH CHILD

IN THE HOME, DEPELCHIN'S FOSTER CARE PROGRAM OFFERS A RANGE OF SERVICES

TO FOSTER FAMILIES, INCLUDING SPECIALIZED TRAUMA-INFORMED TRAINING,

THERAPEUTIC COUNSELING, IN-HOME SUPPORT AND 24-HOUR CRISIS

INTERVENTION. IN 2021, DEPELCHIN PROVIDED 159,657 DAYS OF CARE FOR 829

ABUSED AND/OR NEGLECTED CHILDREN AND MAINTAINED AN OVERALL PLACEMENT

STABILITY OF 98.8%.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SUCH AS CONFLICT AND DIVORCE.

THE TRIPLE P POSITIVE PARENTING PROGRAM ALSO PROVIDES RESOURCES AND

INFORMATION TO SUPPORT PARENTS IN DEALING WITH COMMON PARENTING

DISCIPLINE CHALLENGES. THIS PROGRAM FOCUSES ON IDENTIFYING THE CAUSES

OF CHILD MISBEHAVIOR, HOW TO EFFECTIVELY MANAGE IT, AND WAYS TO PROMOTE

HEALTHY CHILD DEVELOPMENT. THIS PROGRAM HELPS PARTICIPANTS LEARN HOW TO

INCORPORATE STRATEGIES BOTH IN THEIR DAILY LIVES AND IN SITUATIONS

INVOLVING HIGHER RISK. THIS PROGRAM IS PROVIDED IN A HOME-BASED FORMAT

WHERE PARENTS RECEIVE UP TO ONE HOUR OF SERVICES FOR APPROXIMATELY

12-16 WEEKS. IN THIS PROGRAM, ALL PARTICIPANTS RECEIVE STANDARD

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
---	--

TRIPLE P, WHICH IS A 10 SESSION PROGRAM FOCUSING ON CONCRETE BEHAVIORAL INTERVENTIONS. FAMILIES THAT EXHIBIT A GREATER NEED BASED ON PARENTING ASSESSMENTS OR FAMILIES THAT EXPRESS A DESIRE FOR ADDITIONAL SERVICES MAY ALSO RECEIVE PATHWAYS TRIPLE P, AN ADDITIONAL 5-SESSION PROGRAM THAT FOCUSES ON MANAGING ANGER, CHANGING NEGATIVE THINKING PATTERNS ABOUT CHILDREN AND BEING MORE POSITIVE AS A PARENT. IN 2021, DEPELCHIN SERVED 4,456 INDIVIDUALS THROUGH ITS PREVENTION/EARLY INTERVENTION SERVICES AND PARENTING PROGRAMS.

TAGS PROGRAM:
DEPELCHIN'S TRANSITIONING TO ADULTHOOD THROUGH GUIDANCE AND SUPPORT (TAGS) PROGRAM SERVES YOUNG ADULTS WHO HAVE AGED OUT OF FOSTER CARE WITHOUT A PERMANENT FAMILY. ESTABLISHED IN 2013, TAGS PROVIDES AN INDIVIDUALIZED, SECURE, SUPPORTIVE ENVIRONMENT WITH OPPORTUNITIES FOR FORMER FOSTER YOUTH TO GROW SOCIALLY, EMOTIONALLY, AND FINANCIALLY. THE GOAL OF THE PROGRAM IS TO HELP YOUNG ADULTS EXITING FOSTER CARE BECOME INDEPENDENT, PRODUCTIVE, EDUCATED, SELF-SUFFICIENT MEMBERS OF THE COMMUNITY.

FORMER FOSTER YOUTH FROM ANYWHERE IN TEXAS ARE ELIGIBLE TO PARTICIPATE. NEW RESIDENTS USUALLY ENTER IN NEED OF HELP WITH ENROLLING IN SCHOOL AND FINDING EMPLOYMENT: 27% OF INCOMING TAGS PARTICIPANTS ARE NEITHER WORKING NOR ATTENDING SCHOOL, WITHIN NINETY DAYS OF BEGINNING THE PROGRAM, 100% ARE IN SCHOOL AND/OR WORKING AT LEAST 80 HOURS PER MONTH, LAYING THE GROUNDWORK FOR LIFE AS INDEPENDENT, SELF-SUFFICIENT ADULTS.

TAGS HOUSES 20 YOUNG WOMEN AND MEN AGED 18-22 WHO LIVE IN THE ELKINS BUILDING ON THE DEPELCHIN CAMPUS. DEPELCHIN ALSO HAS AN AGREEMENT WITH TEXAS SOUTHERN UNIVERSITY (TSU) FOR A SMALL NUMBER OF YOUNG ADULTS

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
---	--

SERVED BY TAGS AND ENROLLED WITH THE UNIVERSITY TO LIVE ON THE TSU

CAMPUS.

TAGS PROVIDES INDIVIDUALIZED CASE MANAGEMENT WITH SKILL-BUILDING

OPPORTUNITIES TAILORED TO EACH RESIDENT'S NEED AND INTERESTS. YOUTH MAY

PARTICIPATE UNTIL THEIR 22ND BIRTHDAY, AND MOST GRADUATE FROM THE

PROGRAM WITHIN 12-18 MONTHS. IN 2021, THE TAGS PROGRAM SERVED 33 YOUNG

ADULTS.

DEPELCHIN CHILDREN'S CENTER OFFERS PARENTING SERVICES SPECIFICALLY

TARGETING FATHERS RESIDING IN THE GREATER HOUSTON AREA WITH CHILDREN

BIRTH TO EIGHTEEN YEARS OLD. FATHERS, GRANDFATHERS, MALE CAREGIVERS,

AND CAREGIVERS THAT IDENTIFY AS MALE/FATHER ARE ELIGIBLE FOR SERVICES.

THE FATHERHOOD FOCUS SERVICES UTILIZE THE EVIDENCED BASED MODEL 24/7

DADS PROGRAM. THIS PROGRAM IS OFFERED IN TWELVE SESSIONS AND PROVIDES

AN ARRAY OF PARENT EDUCATION FOCUSING ON THE IMPORTANCE OF THE FATHER

ROLE IN A CHILD'S LIFE. IN ADDITION TO THE 24/7 DADS CURRICULUM

SERVICES INCLUDE CO-PARENTING AND CASE MANAGEMENT SERVICES. 192 CLIENTS

WERE SERVED IN 2021.

COUNSELING SERVICES ARE PROVIDED TO THE GREATER HOUSTON COMMUNITY IN

OFFICE AND SCHOOL BASED SETTINGS AND IDENTIFIED YOUTH IN DEPELCHIN'S

FOSTER CARE PROGRAMS IN GREATER HOUSTON, AUSTIN, SAN ANTONIO, AND

LUBBOCK BY MASTERS LEVEL CLINICIANS. SERVICES ARE PROVIDED TO YOUTH SIX

YEARS TO EIGHTEEN YEARS OLD AND THEIR FAMILIES. EVIDENCED BASED

COUNSELING MODALITIES UTILIZED INCLUDE SOLUTION FOCUSED THERAPY, TRAUMA

FOCUSED COGNITIVE BEHAVIORAL THERAPY, AND TRUST BASED RELATIONAL

INTERVENTION. ALL CLINICIANS ARE TRAINED AND CERTIFIED AS APPROPRIATE

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
---	--

FOR THE THERAPEUTIC MODALITIES UTILIZED. THERAPEUTIC MODALITIES ARE
 SELECTED THAT BEST FIT THE PRESENTING ISSUES AND WILL LEAD TO POSITIVE
 OUTCOMES FOR THE YOUTH AND THEIR FAMILY. IN 2021, 40 CLIENTS WERE
 SERVED FOR COUNSELING SERVICES.

SCHOOL BASED PREVENTION SERVICES ARE PROVIDED TO IDENTIFIED SCHOOLS IN
 THE GREATER HOUSTON COMMUNITY WITH HIGHER RISK YOUTH. EVIDENCED BASED
 INTERVENTIONS INCLUDE LIFE SKILLS AND POSITIVE ACTION BY TRAINED AND
 CERTIFIED BACHELOR LEVEL PREVENTION SPECIALISTS. LIFE SKILLS AND
 POSITIVE ACTION ARE 10-13 SESSIONS THAT FOCUS ON CHARACTER DEVELOPMENT
 THAT ENCOURAGE STUDENTS TO CREATE GOALS, CONNECT WITH THEIR COMMUNITY,
 AND BUILD PERSONAL VALUE. THESE SKILLS HELP YOUTH TO MAKE LIFE CHOICES
 THAT AVOID RISKY BEHAVIOR THAT MAY IMPEDE THEIR LIFE GOALS. 1,566
 CLIENTS WERE SERVED IN 2021.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

RICHMOND RESIDENTIAL TREATMENT PROGRAM:

IN 2021, DEPELCHIN PROVIDED 5,376 DAYS OF CARE FOR 32 CHILDREN WITH
 SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POST-ADOPTION COUNSELING:

DEPELCHIN RECOGNIZES THAT ADOPTION IS A LIFELONG JOURNEY - ONE SHARED
 BY ADOPTees, BIRTH PARENTS AND ADOPTIVE FAMILIES. DEPELCHIN'S
 POST-ADOPTION PROGRAM SUPPORTS EACH PERSON ON THE ADOPTION JOURNEY,
 INCLUDING SEARCH AND REUNION. DEPELCHIN'S POST-ADOPTION SERVICES HELP
 STRENGTHEN AND PRESERVE FAMILIES WHO HAVE ADOPTED CHILDREN WHO WERE IN
 THE CARE OF CHILD PROTECTIVE SERVICES OR THROUGH PRIVATE ADOPTION.

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DEPELCHIN'S SEARCH AND REUNION SERVICES SUPPORT INDIVIDUALS SEEKING TO RECONNECT WITH AN ADOPTED CHILD OR A BIOLOGICAL FAMILY MEMBER. IN 2021, DEPELCHIN SUPPORTED 85 INDIVIDUALS WITH PRIVATE POST-ADOPTION ONLY. EXPENSES \$ 169,580. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,338.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADOPTION:

DEPELCHIN BELIEVES EVERY CHILD DESERVES A FOREVER FAMILY. WHEN CHILDREN IN FOSTER CARE CANNOT BE SAFELY REUNITED WITH THEIR BIRTH FAMILIES, ADOPTION IS OFTEN THE MOST DESIRABLE GOAL. MOST OF THE CHILDREN ADOPTED FROM FOSTER CARE ARE ADOPTED BY FOSTER PARENTS. IN DEPELCHIN'S FOSTER CARE ADOPTION PROGRAM, DEPELCHIN PARTNERS WITH COUPLES AND INDIVIDUALS WHO ARE INTERESTED IN BUILDING OR EXPANDING THEIR FAMILIES BY ADOPTING THE CHILDREN THEY HAVE PARENTED THROUGH FOSTER CARE. THE INDIVIDUALS AND COUPLES RECEIVE TRAINING AND SUPPORT THAT PREPARES THEM AS BOTH FOSTER AND ADOPTIVE PARENTS. THIS INTEGRATION OF FOSTER CARE AND ADOPTION HELPS TO REDUCE THE TRAUMATIC EFFECT OF LOSSES EXPERIENCED BY THE CHILD WHILE IN FOSTER CARE BY LIMITING THE NUMBER OF PLACEMENT MOVES FROM ONE FAMILY TO ANOTHER. IT ALSO EXPEDITES THE PROCESS FOR ACHIEVING PERMANENCY FOR CHILDREN. THROUGH ITS PRIVATE INFANT ADOPTION PROGRAM, DEPELCHIN SUPPORTS COUPLES AND INDIVIDUALS DESIRING TO ADOPT AN INFANT. IN ADDITION, DEPELCHIN WORKS WITH BIRTH PARENTS CONSIDERING PLACING THEIR CHILD WITH A LOVING, ADOPTIVE FAMILY. IN 2021, DEPELCHIN PLACED 125 CHILDREN FOR ADOPTION. EXPENSES \$ 350,698. INCLUDING GRANTS OF \$ 0. REVENUE \$ 561,442.

FORM 990, PART VI, SECTION A, LINE 1A

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EXECUTIVE COMMITTEE ROLES & RESPONSIBILITIES:

THE EXECUTIVE COMMITTEE IS COMPOSED OF BOARD MEMBERS AND THE CORPORATION'S PRESIDENT/CEO. THE MEMBERS SHALL BE THE CHAIRMAN OF THE BOARD; VICE CHAIRMAN OF THE BOARD; PAST CHAIRMAN OF THE BOARD; SECRETARY OF THE BOARD; AND CHAIRMAN OF THE ADVANCEMENT COMMITTEE; CHAIRMAN OF THE AUDIT COMMITTEE; CHAIRMAN OF THE BOARD DEVELOPMENT COMMITTEE; CHAIRMAN OF THE FINANCE COMMITTEE; CHAIRMAN OF THE HUMAN RESOURCES COMMITTEE; CHAIRMAN OF THE PROGRAM AND PLANNING COMMITTEE; AND THE PRESIDENT/CEO; ELECTED BY THE BOARD OF DIRECTORS. AT THE DISCRETION OF THE CHAIR, THE COMMITTEE MAY INCLUDE UP TO TWO AT-LARGE BOARD MEMBERS AND ONE NON-VOTING FOUNDATION REPRESENTATIVE.

POWERS OF THE COMMITTEE:

(I) REVIEWS THE REPORTS OF AND DELEGATES AUTHORITY TO ACT TO ANY OTHER COMMITTEE ESTABLISHED BY THE BOARD OF DIRECTORS (II) AS ADVISED BY THE FINANCE COMMITTEE, AMENDS, IF NECESSARY, THE CORPORATION'S BUDGET BETWEEN MEETINGS OF THE BOARD OF DIRECTORS (III) ACTS GENERALLY ON BEHALF OF THE BOARD OF DIRECTORS, EXCEPT THAT IT SHALL NOT HAVE THE POWER TO: (A) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION (B) APPROVE A MERGER DISSOLUTION OR SALE OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; OR (C) ELECT THE OFFICERS OF THE CORPORATION.

RESPONSIBILITIES:

(I) IN A JOINT MEETING WITH THE FINANCE COMMITTEE, REVIEWS THE ANNUAL BUDGET OF THE CORPORATION AND RECOMMENDS SUCH BUDGET TO THE BOARD OF DIRECTORS FOR ITS ADOPTION; (II) IN A JOINT MEETING WITH THE HR COMMITTEE, (A) COMPLETES THE PERIODIC, FORMAL EVALUATION OF THE

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PERFORMANCE OF THE PRESIDENT/CEO OF THE CORPORATION AFTER RECEIVING THE COMMENTS OF THE MEMBERS OF THE BOARD OF DIRECTORS REGARDING SUCH EVALUATION, AND ESTABLISHES THE COMPENSATION OF THE PRESIDENT/CEO, AND (B) APPROVES THE COMPENSATION OF ANY DEPELCHIN OFFICERS AND KEY PERSONNEL AS REQUIRED BY THE IRS RULES; (III) MEETS AS NEEDED, APPROXIMATELY EVERY OTHER MONTH; (IV) REPORTS PROMPTLY THE DECISIONS AND ACTIONS TO THE BOARD OF DIRECTORS; (V) STAYS FULLY INFORMED WITH REGARD TO THE MAJOR ISSUES FACING THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 4:
THE CERTIFICATE OF TERMINATION OF DEPELCHIN PSYCHIATRIC SERVICES (EIN 20-8803626) IN WHICH DEPELCHIN CHILDREN'S CENTER IS THE THE SOLE MEMBER WAS FILED ON SEPTEMBER 27, 2021 AND ACCEPTED BY THE STATE OF TEXAS ON NOVEMBER 1, 2021.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 BEFORE IT WAS FILED. THE AUDIT COMMITTEE, AFTER REVIEW AND CONSULTING WITH MANAGEMENT AND THE TAX RETURN PREPARER, APPROVED THE RETURN TO BE FILED. EACH MEMBER OF THE BOARD OF DIRECTORS WAS PROVIDED WITH A COPY OF THE FORM 990 THAT WAS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE PRIOR TO THE RETURN BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICT OF INTEREST POLICY:
1. DEPELCHIN CHILDREN'S CENTER WILL ENTER INTO A TRANSACTION INVOLVING A POTENTIAL CONFLICT OF INTEREST ONLY IF THE BOARD DETERMINES THAT THE TERMS

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OF THE TRANSACTION ARE AT LEAST AS FAVORABLE TO DEPELCHIN AS WOULD BE FROM

ANY OTHER COMPARABLE SOURCE AND ONLY AFTER OBSERVING THE FOLLOWING

PROCEDURES:

(A) THE INTERESTED DIRECTOR MUST DISCLOSE THE MATERIAL FACTS CONCERNING HIS

OR HER INTEREST IN THE TRANSACTION AT A MEETING OF THE BOARD AND SUCH

DISCLOSURE MUST BE RECORDED IN THE MINUTES OF THE MEETING.

(B) THE INTERESTED DIRECTOR MUST NOT PARTICIPATE IN, OR BE PRESENT FOR THE

DISCUSSION OF THE MERITS OF THE TRANSACTION.

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

(D) THE INTERESTED DIRECTOR WILL NOT BE COUNTED IN DETERMINING WHETHER

THERE IS A QUORUM PRESENT TO CONSIDER THE TRANSACTION.

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

BOARD MEMBERS.

2. MEMBERS OF THE BOARD OF DIRECTORS, CONSULTANTS, STAFF OR ANY RELATIVES

OF THESE INDIVIDUALS WILL NOT RECEIVE PREFERENTIAL TREATMENT IN APPLICATION

FOR THE RECEIPT OF THE ORGANIZATION'S SERVICES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR OFFICERS AND KEY EMPLOYEES:

THE BOARD OF DIRECTORS OF DEPELCHIN CHILDREN'S CENTER ADOPTED A POLICY,

HR.G. 406, "REVIEW OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES" TO

ENSURE THAT THE PROCESS TO REVIEW COMPENSATION RECEIVED BY OFFICERS AND KEY

EMPLOYEES FOR THE PERFORMANCE OF SERVICES IS THE FAIR VALUE FOR SUCH

SERVICES. FAIR VALUE IS THE VALUE THAT WOULD ORDINARILY BE PAID FOR LIKE

SERVICES BY A LIKE ORGANIZATION UNDER LIKE CIRCUMSTANCES. THE EXECUTIVE AND

HUMAN RESOURCES COMMITTEES ARE JOINTLY RESPONSIBLE FOR REVIEWING THE ANNUAL

PERFORMANCE EVALUATION FOR THE CEO. THE CEO IS RESPONSIBLE FOR PREPARING

THE ANNUAL PERFORMANCE EVALUATION AND RECOMMENDING THE COMPENSATION FOR

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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HIS/HER DIRECT STAFF WHO ARE OFFICERS OR KEY EMPLOYEES.

A CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION SPECIFIC TO COMPARABLE NON-PROFIT ORGANIZATIONS IS ENGAGED TO CONDUCT PERIODIC EXECUTIVE COMP ANALYSIS. THE RESULTS OF THE ANALYSIS ARE PRESENTED TO THE HUMAN RESOURCES BOARD COMMITTEE. COMPENSATION FOR THE CEO AND KEY EMPLOYEES AS DEFINED IN POLICY HR.G.406 SHALL BE RECOMMENDED BY THE CHAIR OF THE HUMAN RESOURCES BOARD COMMITTEE FOR APPROVAL AT THE ANNUAL JOINT MEETING OF THE EXECUTIVE AND HUMAN RESOURCES COMMITTEES. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS IS KEPT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, LINE 1

AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER, EFFECTIVE 1/1/2016 FOR BENEFIT OF JENIFER JARRIEL. THE PARTICIPANT'S AGREEMENT BECAME FULLY VESTED ON 12/31/2020 AND PAID OUT IN THE AMOUNT OF \$307,913 IN 2021.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN INTEREST OF FDCC NET ASSETS	9,407,760.
BAD DEBT	-20,420.
IMPACT OF DISSOLUTION OF AFFILIATE, DEPELCHIN PSYCHIATRIC SERVICES ("DPS"), IN WHICH DEPELCHIN IS A SOLE MEMBER	-2,559,613.
TOTAL TO FORM 990, PART XI, LINE 9	6,827,727.

Name of the organization

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FORM 990 PART XII, LINE 2C

NO CHANGES TO THE PROCESS FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

DEPELCHIN CHILDREN'S CENTER

Employer identification number
76-0318867

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER - 74-1157363, 4950 MEMORIAL DRIVE, HOUSTON, TX 77007	SUPPORTING	TEXAS	501(C)(3)	LINE 12A, I N/A			X
DEPELCHIN PSYCHIATRIC SERVICES - 20-8803626 4950 MEMORIAL DRIVE HOUSTON, TX 77007	HEALTHCARE	TEXAS	501(C)(3)	LINE 3 	DEPELCHIN CHILDREN'S CENTER		X

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DEPELCHIN PSYCHIATRIC SERVICES	D	2,560,713. ACTUAL AMOUNTS	
(2)				
(3)				
(4)				
(5)				
(6)				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Table with columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART V, LINE 1K:

DEPELCHIN CHILDREN'S CENTER ENTERED INTO A LEASE AGREEMENT WITH THE

FOUNDATION FOR DEPELCHIN CHILDREN'S CENTER (FDCC) FOR SEVERAL

BUILDINGS. RENT APPROXIMATES THE FAIR MARKET VALUE OF THE LEASED

BUILDINGS AND IS CONTRIBUTED TO DEPELCHIN CHILDREN'S CENTER BY FDCC.

THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2021

INCLUDES AN IN-KIND CONTRIBUTION OF \$2,112,220 FROM FDCC AND AN IN-KIND

RENT EXPENSE OF \$2,112,220. BOTH THE IN-KIND CONTRIBUTION AND THE

IN-KIND RENT EXPENSE ARE NOT REPORTED IN THE FORM 990 PER THE FORM 990

INSTRUCTIONS.