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CLIENT'S COPY

SEPTEMBER 19, 2025

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

DEPELCHIN CHILDREN'S CENTER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2024 EXEMPT ORGANIZATION RETURN,
AS FOLLOWS...

2024 FORM 990

THE ORIGINAL RETURN 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

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2024

PREPARED FOR:

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

PREPARED BY:

DOEREN MAYHEW
2600 NORTH LOOP WEST, SUITE 600
HOUSTON, TX 77092

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

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 35,957,147.
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 2024 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 2024 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 2024 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

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.

76361077056

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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 **09/19/25**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEPELCHIN CHILDREN'S CENTER		D Employer identification number 76-0318867		
	Doing business as				
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number 713-802-7716	
	4950 MEMORIAL DRIVE				
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77007		G Gross receipts \$ 37,018,833.		
F Name and address of principal officer: BRIAN PATE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
J Website: WWW.DEPELCHIN.ORG		If "No," attach a list. See instructions			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1990		M State of legal domicile: TX	
H(c) Group exemption number					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE STRENGTHEN THE LIVES OF CHILDREN BY ENHANCING THEIR MENTAL HEALTH AND PHYSICAL WELL BEING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	428
	6 Total number of volunteers (estimate if necessary)	6	489
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	31,599,438.	22,357,296.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,981,885.	12,496,255.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	946,670.	979,698.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	110,966.	123,898.
		43,638,959.	35,957,147.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,990,450.	5,002,377.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,538,907.	23,869,543.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	162,410.	204,384.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,139,099.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,996,080.	8,165,124.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,687,847.	37,241,428.	
19 Revenue less expenses. Subtract line 18 from line 12	11,951,112.	-1,284,281.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	173,580,702.	179,558,942.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,903,243.	3,135,248.
	169,677,459.	176,423,694.	

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	BRIAN PATE, SENIOR VP & CFO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ELISSA POSWAY	ELISSA POSWAY	09/19/25		P02235641
Preparer Use Only	Firm's name	Firm's EIN		99-4260840	
	Firm's address 2600 NORTH LOOP WEST, SUITE 600 HOUSTON, TX 77092	Phone no. 713-789-7077			

May the IRS discuss this return with the preparer shown above? See instructions 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.

4a (Code:) (Expenses \$ 11,186,880. including grants of \$ 5,002,377.) (Revenue \$ 10,510,646.) 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 \$ 14,078,360. including grants of \$) (Revenue \$ 478,681.) COUNSELING AND FAMILY SERVICES: 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 \$ 4,131,774. including grants of \$) (Revenue \$ 1,159,026.) RESIDENTIAL TREATMENT CENTERS: DEPELCHIN'S RESIDENTIAL TREATMENT CENTER PROGRAMS PROVIDES 24-HOUR RESIDENTIAL CARE FOR CHILDREN AND YOUNG ADULTS 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 \$ 303,919. including grants of \$) (Revenue \$ 388,792.)

4e Total program service expenses 29,700,933.

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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 b Other officers or key employees of the organization 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? 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. [X] Own website [X] Another's website [X] 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

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, box 6 of 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				376,135.	0.	107,193.
(2) BRIAN PATE SR VP/CFO	40.00 5.00			X				237,024.	0.	70,358.
(3) JESSE BOOHER SR VP/COO	40.00				X			226,487.	0.	24,775.
(4) LISA GARCES SR VP OF ADVANCEMENT	40.00				X			191,315.	0.	55,822.
(5) LUKE BLANKENSHIP SR VP, HUMAN RESOURCES	40.00					X		181,089.	0.	16,656.
(6) JEFFERY SMITH VP OF IT, HIPAA, AND CYBER	40.00					X		154,533.	0.	30,388.
(7) ALISON KREFT MCKELL VP OF FINANCE & ACCOUNTING	40.00					X		154,366.	0.	6,196.
(8) JULIANNA HETRICK VP PREVENTION & EARLY INTE	40.00					X		145,628.	0.	14,092.
(9) MATTHEW HELD VP GRANT MGMT & OPERATIONA	40.00					X		129,647.	0.	11,210.
(10) CECILY BURLESON DIRECTOR	0.60	X						0.	0.	0.
(11) CHRIS HENSMAN DIRECTOR/COMMITTEE CHAIR	2.70	X						0.	0.	0.
(12) DARAYUS PARDIVALA DIRECTOR	0.60	X						0.	0.	0.
(13) DEBBI JOHNSTONE DIRECTOR	0.60	X						0.	0.	0.
(14) FRANK M. WOZENCRAFT, JR. DIRECTOR	0.60	X						0.	0.	0.
(15) GERALDINA WISE DIRECTOR	0.60	X						0.	0.	0.
(16) HENRY FLORSHEIM DIRECTOR	0.60	X						0.	0.	0.
(17) J. COLTER LEWIS DIRECTOR	0.60	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) J. SCOTT JANOE, JD DIRECTOR	0.60	X						0.	0.	0.
(19) JANICE BEAL DIRECTOR	0.60	X						0.	0.	0.
(20) JASON ROCHA DIRECTOR	0.60	X						0.	0.	0.
(21) JEANEANA WHITE-LEWIS, MD DIRECTOR	0.60	X						0.	0.	0.
(22) JOHN C. ELKINS DIRECTOR	0.60	X						0.	0.	0.
(23) JUNE DEADRICK DIRECTOR	0.60	X						0.	0.	0.
(24) KAREN CARTER RICHARDS DIRECTOR	0.60	X						0.	0.	0.
(25) KAYLA BRUZZESE DIRECTOR	0.60	X						0.	0.	0.
(26) KENNETH J. BOHAN DIRECTOR	0.60	X						0.	0.	0.
1b Subtotal								1,796,224.	0.	336,690.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,796,224.	0.	336,690.

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 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
DAVID E HARVEY 3663 BRIARPARK DR, HOUSTON, TX 77042 3 B'S LLC	CONSTRUCTION	1,026,969.
3205 HARMONY CREEK LANE, SPRING, TX 77386 STUDIO RED ARCHITECTS	CONSTRUCTION	328,598.
1320 MCGOWEN ST, HOUSTON, TX 77004 JMT CONSULTING GROUP, INC, 1982 PROVIDENCE PKWY, SUITE 258, MOUNT JULIET, TN 37122	ARCHITECTURAL DESIGN	270,672.
CLEANING ASSOCIATES SERVICES P.O. BOX 438, BARKER, TX 77413	SOFTWARE IMPLEMENTATION	209,578.
	CLEANING SERVICES	208,170.

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 6

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) LAURA BELLOWS DIRECTOR	0.60	X						0.	0.	0.
(28) LINDY MCGEE DIRECTOR	0.60	X						0.	0.	0.
(29) MARK BUECHLER DIRECTOR/COMMITTEE CHAIR	2.70	X						0.	0.	0.
(30) MIKE JOHNSTON DIRECTOR	0.60	X						0.	0.	0.
(31) NAN CUTSINGER DIRECTOR	0.60	X						0.	0.	0.
(32) NANCY COOK, PHD DIRECTOR	0.60	X						0.	0.	0.
(33) PAM BRASSEUX DIRECTOR	0.60	X						0.	0.	0.
(34) PAM LOVETT DIRECTOR	0.60	X						0.	0.	0.
(35) PHIL INNES DIRECTOR/COMMITTEE CHAIR	2.70	X						0.	0.	0.
(36) PHIL MCDIVITT DIRECTOR	0.60	X						0.	0.	0.
(37) SANTOS HINOJOSA SECRETARY	2.70	X		X				0.	0.	0.
(38) STEPHANIE MAGERS DIRECTOR	0.60	X						0.	0.	0.
(39) SUSAN DISTEFANO PAST CHAIR	0.60	X						0.	0.	0.
(40) SUSAN R. BARNES CHAIR-ELECT	2.70	X		X				0.	0.	0.
(41) VANESSA D. GILMORE DIRECTOR	0.60	X						0.	0.	0.
(42) W. TEMPLE WEBBER III CHAIR	2.70	X		X				0.	0.	0.
(43) WILLIAM E. TURCOTTE DIRECTOR	0.60	X						0.	0.	0.
(44) WILLIAM H. KNULL III 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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	585,657.				
	1 b	Membership dues					
	1 c	Fundraising events	326,899.				
	1 d	Related organizations	5,133,258.				
	1 e	Government grants (contributions)	9,684,183.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	6,627,299.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 78,335.				
	1 h	Total. Add lines 1a-1f	22,357,296.				
	Program Service Revenue			Business Code			
2 a		OTHER RESIDENTIAL CARE	623990	12,052,972.	12,052,972.		
2 b		INDIVIDUAL AND FAMILY	624100	438,508.	438,508.		
2 c		OUTPATIENT SERVICE REV	621400	4,775.	4,775.		
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		12,496,255.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		719,630.		719,630.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	155,318.			
			(ii) Personal				
	6 b	Less: rental expenses		0.			
	6 c	Rental income or (loss)		155,318.			
	6 d	Net rental income or (loss)		155,318.		155,318.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,228,816.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses		968,748.			
	7 c	Gain or (loss)		260,068.			
	7 d	Net gain or (loss)		260,068.		260,068.	
8 a	Gross income from fundraising events (not including \$ 326,899. of contributions reported on line 1c). See Part IV, line 18		20,450.				
8 b	Less: direct expenses		92,938.				
8 c	Net income or (loss) from fundraising events		-72,488.		-72,488.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	ACCOUNTING SVC FOR FDC	541200	40,000.	40,000.		
	11 b	MEDICAL RECORDS SERVIC	624100	890.	890.		
	11 c						
	11 d	All other revenue	523000	178.		178.	
11 e	Total. Add lines 11a-11d		41,068.				
12	Total revenue. See instructions		35,957,147.	12,537,145.	0.	1,062,706.	

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	5,002,377.	5,002,377.		
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	1,289,109.		1,041,972.	247,137.
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	18,894,800.	15,443,620.	2,372,987.	1,078,193.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	412,196.	344,143.	42,035.	26,018.
9 Other employee benefits	1,847,125.	1,481,234.	227,026.	138,865.
10 Payroll taxes	1,426,313.	1,107,901.	237,532.	80,880.
11 Fees for services (nonemployees):				
a Management	839,028.	101,296.	670,800.	66,932.
b Legal	207,121.	18,811.	188,310.	
c Accounting	97,064.		97,064.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	204,384.			204,384.
f Investment management fees	33,152.		33,152.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	979,296.	859,592.	64,636.	55,068.
12 Advertising and promotion	269,387.	245,150.	438.	23,799.
13 Office expenses	532,629.	422,140.	80,343.	30,146.
14 Information technology	918,940.	683,827.	173,850.	61,263.
15 Royalties				
16 Occupancy	2,083,887.	2,017,170.	50,825.	15,892.
17 Travel	456,950.	442,556.	6,505.	7,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	163,935.	94,315.	10,583.	59,037.
20 Interest	35.	35.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	297,553.	268,812.	28,413.	328.
23 Insurance	388,394.	317,087.	52,976.	18,331.
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	662,734.	662,734.		
b FOOD SERVICES	103,514.	103,514.		
c				
d				
e All other expenses	131,505.	84,619.	21,949.	24,937.
25 Total functional expenses. Add lines 1 through 24e	37,241,428.	29,700,933.	5,401,396.	2,139,099.
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 <input type="checkbox"/> 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	11,014,390.	1	11,190,258.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,474,285.	3	5,847,970.
	4 Accounts receivable, net	1,022,588.	4	1,240,598.
	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	704.	7	31,002.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	795,953.	9	291,358.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,845,800.		
	b Less: accumulated depreciation	10b 9,659,393.	1,560,352.	10c 5,186,407.
	11 Investments - publicly traded securities	4,890,602.	11	5,174,341.
	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	142,821,828.	15	150,597,008.
16 Total assets. Add lines 1 through 15 (must equal line 33)	173,580,702.	16	179,558,942.	
Liabilities	17 Accounts payable and accrued expenses	3,135,796.	17	2,446,142.
	18 Grants payable		18	
	19 Deferred revenue	282,348.	19	440,163.
	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		24	
	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	485,099.	25	248,943.
	26 Total liabilities. Add lines 17 through 25	3,903,243.	26	3,135,248.
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	11,636,929.	27	10,843,099.
	28 Net assets with donor restrictions	158,040,530.	28	165,580,595.
	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	169,677,459.	32	176,423,694.
	33 Total liabilities and net assets/fund balances	173,580,702.	33	179,558,942.

Form 990 (2024)

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	35,957,147.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,241,428.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,284,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	169,677,459.
5	Net unrealized gains (losses) on investments	5	19,348.
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	8,011,168.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,423,694.

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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,713,424.	17,780,657.	18,803,270.	31,599,438.	22,357,296.	104,254,085.
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	13,713,424.	17,780,657.	18,803,270.	31,599,438.	22,357,296.	104,254,085.
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)						15,570,687.
6 Public support. Subtract line 5 from line 4.						88,683,398.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13,713,424.	17,780,657.	18,803,270.	31,599,438.	22,357,296.	104,254,085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	156,925.	599,399.	444,324.	1,104,995.	1,135,016.	3,440,659.
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.)		66,235.	41,824.	41,305.	41,038.	190,402.
11 Total support. Add lines 7 through 10						107,885,146.
12 Gross receipts from related activities, etc. (see instructions)					12	61,719,616.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	82.20 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	83.34 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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 on line 12 of 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENT

OTHER INCOME

2021 AMOUNT: \$ 66,235.

2022 AMOUNT: \$ 41,824.

2023 AMOUNT: \$ 41,305.

2024 AMOUNT: \$ 41,038.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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	 <hr/> <hr/> <hr/>	\$ 501,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 3,417,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 3,499,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 2,765,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 5,133,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 1,000,000.	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 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
7	<hr/> <hr/> <hr/>	\$ 1,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in 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	112,903,025.	98,922,735.	118,149,139.	108,664,446.	97,903,163.
b Contributions			3,584,833.		
c Net investment earnings, gains, and losses	14,045,501.	16,870,985.	-19,232,197.	12,495,821.	14,148,776.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,732,689.	2,890,695.	3,579,040.	3,011,128.	3,387,493.
f Administrative expenses					
g End of year balance	123,215,837.	112,903,025.	98,922,735.	118,149,139.	108,664,446.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 37.0000 %
 - b Permanent endowment 21.0000 %
 - c Term endowment 42.0000 %
- 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? | X | |
- 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		1,570,368.	948,129.	622,239.
c Leasehold improvements		4,430,431.	4,208,488.	221,943.
d Equipment		5,059,498.	4,502,776.	556,722.
e Other		3,785,503.		3,785,503.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				5,186,407.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	150,273,673.
(2) DEPOSITS	25,735.
(3) INTEREST RECEIVABLE	64,107.
(4) RIGHT-OF-USE ASSETS, OPERATING LEASES	233,493.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	150,597,008.

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) LEASE LIABILITY	248,943.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	248,943.

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	47,515,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	19,348.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	11,538,768.	
e	Add lines 2a through 2d	2e		11,558,116.
3	Subtract line 2e from line 1		3	35,957,147.
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	35,957,147.

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	40,769,028.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,527,600.	
e	Add lines 2a through 2d	2e		3,527,600.
3	Subtract line 2e from line 1		3	37,241,428.
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	37,241,428.

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, 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE WITHIN THE 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 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGES IN INTEREST OF FDCC NET ASSETS	8,017,107.
IN-KIND GIFT	3,428,724.
SPECIAL EVENT EXPENSES	92,937.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	11,538,768.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT	5,939.
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**SCHEDULE G
(Form 990)**

(Rev. December 2024)
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

**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 nongovernment 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	1,878,386.	204,384.	1,672,002.
Total				1,878,386.	204,384.	1,672,002.

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 (add col. (a) through col. (c))
		LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	347,349.		347,349.
	2	Less: Contributions	326,899.		326,899.
	3	Gross income (line 1 minus line 2)	20,450.		20,450.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	35,259.		35,259.
	8	Entertainment	10,000.		10,000.
	9	Other direct expenses	47,679.		47,679.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			92,938.
11	Net income summary. Subtract line 10 from line 3, column (d)			-72,488.	

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 the 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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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

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

Schedule I (Form 990) (Rev. 12-2024)

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	370	5,002,377.	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 IMPLEMENETED FOR EACH FOSTER CHILD.

PART I, LNE 2

CLIENT REIMBURSEMENT
ALL CLIENT REIMBURSEMENT REQUESTS ARE REVIEWED FOR PROPER DOCUMENTATION AND APPROVED BEFORE BEING PAID TO THE CLIENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

Name of the organization DEPELCHIN CHILDREN 'S CENTER	Employer identification number 76-0318867
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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
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENIFER JARRIEL PRESIDENT/CEO	(i)	368,635.	0.	7,500.	99,583.	7,610.	483,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRIAN PATE SR VP/CFO	(i)	237,024.	0.	0.	55,193.	15,165.	307,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JESSE BOOHER SR VP/COO	(i)	226,487.	0.	0.	11,631.	13,144.	251,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA GARCES SR VP OF ADVANCEMENT	(i)	191,315.	0.	0.	48,301.	7,521.	247,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LUKE BLANKENSHIP SR VP, HUMAN RESOURCES	(i)	181,089.	0.	0.	9,205.	7,451.	197,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFERY SMITH VP OF IT, HIPAA, AND CYBER	(i)	154,533.	0.	0.	8,375.	22,013.	184,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ALISON KREFT MCKELL VP OF FINANCE & ACCOUNTING	(i)	154,366.	0.	0.	0.	6,196.	160,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JULIANNA HETRICK VP PREVENTION & EARLY INTE	(i)	145,628.	0.	0.	6,986.	7,106.	159,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

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: \$283,377

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: \$180,543

AMOUNT RECEIVED: -0-

AN EXECUTIVE SAVINGS PLAN WAS ESTABLISHED BY DEPELCHIN CHILDREN'S CENTER,
EFFECTIVE 12/20/2023 FOR BENEFIT OF THE FOLLOWING PERSON. THE VESTING DATES
ARE 12/20/2027 (50%) AND 12/20/2032 (REMAINING 50%).

LISA GARCES

AMOUNT ACCRUED: \$38,555

AMOUNT RECEIVED: -0-

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

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	5	78,335.	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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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, PART I, LINE 32B:

DONATESTOCK.COM IS AN ONLINE FUNDRAISING PLATFORM USED TO FACILITATE DONATIONS OF PUBLICLY TRADED SECURITIES IN USA BY INDIVIDUALS TO DONATE STOCK TO DEPELCHIN. THE STOCK DONATION IS MADE THROUGH DEPELCHIN'S WEBSITE AND PROCESSED BY DEPELCHIN'S INVESTMENT BROKER.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 2024, DEPELCHIN PROVIDED 131,761 DAYS OF CARE FOR 701
ABUSED AND/OR NEGLECTED CHILDREN AND MAINTAINED AN OVERALL PLACEMENT
STABILITY OF 99%.

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
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 2024, DEPELCHIN
SERVED 6,261 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: 38% 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization DEPELCHIN CHILDREN'S CENTER	Employer identification number 76-0318867
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BUILDING ON THE DEPELCHIN CAMPUS. DEPELCHIN ALSO HAS AN AGREEMENT WITH TEXAS SOUTHERN UNIVERSITY (TSU) FOR A SMALL NUMBER OF YOUNG ADULTS 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 2024, THE TAGS PROGRAM SERVED 35 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. 384 CLIENTS WERE SERVED IN 2024.

COUNSELING SERVICES ARE PROVIDED BY MASTERS LEVEL CLINICIANS IN OFFICE AND SCHOOL-BASED SETTINGS FOR IDENTIFIED YOUTH IN DEPELCHIN'S FOSTER CARE PROGRAMS IN GREATER HOUSTON, AUSTIN, SAN ANTONIO, AND LUBBOCK. 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 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 2024, 2,594 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. 1,026 CLIENTS WERE SERVED IN 2024.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 RICHMOND RESIDENTIAL TREATMENT PROGRAM:
 IN 2024, DEPELCHIN PROVIDED 1,700 DAYS OF CARE FOR 16 CHILDREN WITH SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS.
 TODAY'S HARBOR IS A 24-HOUR RESIDENTIAL PROGRAM FOR AT-RISK YOUTH (GIRLS AND BOYS) AGES 14-18. RESIDENTIAL PROGRAMS AT TODAY'S HARBOR CAMPUS CONSIST OF 2 RESIDENTIAL PROGRAMS, WHICH ARE PREGNANT AND PARENTING TEENS AND TRANSITIONAL LIVING WITH A FOCUS ON PREPARATION FOR INDEPENDENT LIVING. OUR PROGRAMS ARE INTENDED TO CREATE A HOLISTIC APPROACH TO CARING FOR AT-RISK YOUTH, INCLUDING EDUCATION, INDIVIDUALIZE CASE MANAGEMENT, MENTAL HEALTH SUPPORT, AND PREPARATION FOR INDEPENDENT LIVING. THROUGH OUR PROGRAMS, YOUTH BUILD

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SELF-CONFIDENCE IN THOSE WE SERVE AND LEARN TO NAVIGATE THEIR WAY TO SELF-SUFFICIENCY. IN 2024, THERE WERE 4,322 DAYS OF CARE FOR YOUTH. 7 ENROLLED IN THE PREGNANT & PARENTING PROGRAM, 7 CHILDREN OF RESIDENTS, AND 16 ENROLLED IN THE TRANSITIONAL LIVING PROGRAM.

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

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 2024, DEPELCHIN PLACED 78 CHILDREN FOR ADOPTION.

EXPENSES \$ 209,887. INCLUDING GRANTS OF \$ 0. REVENUE \$ 383,897.

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. DEPELCHIN'S SEARCH AND REUNION SERVICES SUPPORT INDIVIDUALS SEEKING TO RECONNECT WITH AN ADOPTED CHILD OR A BIOLOGICAL FAMILY MEMBER. IN 2024, DEPELCHIN SUPPORTED 54 INDIVIDUALS WITH PRIVATE POST-ADOPTION ONLY.

EXPENSES \$ 94,032. INCLUDING GRANTS OF \$ 0. REVENUE \$ 4,895.

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

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

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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 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 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 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

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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 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 XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN INTEREST OF FDCC NET ASSETS	8,017,107.
BAD DEBT	-5,939.
TOTAL TO FORM 990, PART XI, LINE 9	8,011,168.

FORM 990 PART XII, LINE 2C
NO CHANGES TO THE PROCESS FROM PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**Open to Public
Inspection**

Name of the organization <p align="center">DEPELCHIN CHILDREN'S CENTER</p>	Employer identification number <p align="center">76-0318867</p>
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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

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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, 2024

INCLUDES AN IN-KIND CONTRIBUTION OF \$3,316,705 FROM FDCC AND AN IN-KIND

RENT EXPENSE OF \$3,316,705. BOTH THE IN-KIND CONTRIBUTION AND THE

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

INSTRUCTIONS.