

Return of Organization Exempt From Income Tax

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

2017

▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **01/01**, 2017, and ending **12/31**, 20**17**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **THE TEXAS ASSOCIATION FOR THE PROTECTION OF CHILDREN**
 Doing business as **Prevent Child Abuse Texas**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1341 W Mockingbird Lane Suite 560W
 City or town, state or province, country, and ZIP or foreign postal code
Dallas, TX, 75247

D Employer identification number
46-1332547

E Telephone number
469-399-6900

G Gross receipts \$ **830,157**

F Name and address of principal officer: **Sophie Phillips**
1341 W Mockingbird Ln Suite 560W, Dallas, TX 75247

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶

K Form of organization: Corporation Trust Association Other ▶


L Year of formation: **2012** **M** State of legal domicile: **TX**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Our mission is to reduce and prevent child abuse and neglect through research, advocacy and education. We effect change by organizing and educating our members to</u> <u>(Continued on Schedule O, Statement 2)</u>		
	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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	52
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,442,991	829,057
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-45,286	-68,414
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,397,705	760,643
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	717,799	850,819
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 230,730		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	264,841	371,032
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	982,640	1,221,851	
19 Revenue less expenses. Subtract line 18 from line 12	415,065	-461,208	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	748,585	404,893
	21 Total liabilities (Part X, line 26)	40,426	47,942
	22 Net assets or fund balances. Subtract line 21 from line 20	708,159	356,951

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: **10/25/18**

Sophie Phillips, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Darrell Harris CPA** Preparer's signature: **Darrell Harris** Digitally signed by Darrell Harris, DN: cn=Darrell Harris, o=Darrell Harris CPA PC, ou=Tax Prep, email=HarrisCPA@Microbooks.com, c=US, Date: 2018.10.25 13:25:53 -0500

Firm's name ▶ **Darrell Harris CPA PC** Firm's EIN ▶ **214-883-4382**

Firm's address ▶ **6060 N Central Expressway Suite 500, Dallas, TX 75234** Phone no. **214-883-4382**

Check if self-employed PTIN **P00503631**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No