### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2016 calendar year, or tax year beginning and end	ding				
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addres	PRESBYTERIAN CHILDREN'S HOMES & SERVICE	ES				
L	Name change	Doing business as		**_*	<u>**8172</u>		
	Initial return	'	om/suite	E Telephone number (512) 476-1234			
L	Final return/ termin	_			36,252,104.		
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code  AUSTIN, TX 78749		G Gross receipts \$			
F	⊥_return ∏Applic	AUSIIN, IX 70743		H(a) Is this a group re			
	⊥ltiòh pendir	F Name and address of principal officer: DINDA BISHOF		for subordinates	—		
_		SAME AS C ABOVE	1505	H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or L	527		list. (see instructions)		
		e: WWW.PCHAS.ORG	1	H(c) Group exemptio			
		organization: X Corporation Trust Association Other ►	<b>L</b> Year o	of formation; 1903 N	State of legal domicile: $\mathbf{T}\mathbf{X}$		
Р	art I	Summary	DDOI	TDDQ GUDTGE	CENTERRED		
ė	1	Briefly describe the organization's mission or most significant activities: PCHAS	PROV	TDES CHRIST	-CENTERED		
Activities & Governance		CARE AND SUPPORT TO CHILDREN AND FAMILIES					
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed	d of more	than 25% of its net as			
Š		Number of voting members of the governing body (Part VI, line 1a)		3	17		
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)	(//	4	17		
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<u> </u>	5	203		
Ĭ₹		Total number of volunteers (estimate if necessary)		6	246		
₽ct	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, line 34		7b	0.		
Revenue				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		10,598,940.	10,119,762.		
	9	Program service revenue (Part VIII, line 2g)		2,984,114.	4,048,055.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,471,285.	4,849,428.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		457,499.	573,485.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,511,838.	19,590,730.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		62,241.	24,646.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,975,047.	9,797,781.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	🗀	0.	0.		
g	b	Total fundraising expenses (Part IX, column (D), line 25)   1,351,953	₿. 🗀				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,943,380.	6,087,891.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,980,668.	15,910,318.		
		Revenue less expenses. Subtract line 18 from line 12		4,531,170.	3,680,412.		
Jor Sec		AV.	Be	ginning of Current Year	End of Year		
Net Assets or Find Ralances	20	Total assets (Part X, line 16)	1	35,093,205.	140,068,566.		
ASS	21	Total liabilities (Part X, line 26)		942,584.	1,196,960.		
Net    -	22	Net assets or fund balances. Subtract line 21 from line 20	1	34,150,621.	138,871,606.		
	art II	Signature Block					
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of m	knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which					
	_						
Sig	ın	Signature of officer		Date			
He		LINDA BISHOP, VP FINANCE & ADMINISTRATI	ON				
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN		
Pai	d	SHARON M. HERWALD, CPA		if self-employe	P00079864		
	parer	Firm's name PATTILLO, BROWN & HILL, L.L.P.	ı	Firm's EIN	**-***0599		
	Only	Firm's address P. O. BOX 20725	THIII 3 LIN				
	,	WACO, TX 76702-0725		Phone no. (2	54) 772-4901		
Ma	v the IC	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110. ( 2	X Yes No		
ivid	у и I <del>С</del> IГ	to discuss this retain with the preparet shown above: (see instructions)			163 140		

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PRESBYTERIAN CHILDREN'S HOMES AND SERVICES PROVIDES A VARIETY OF
	CHRIST-CENTERED CARE AND SUPPORT TO CHILDREN AND FAMILIES IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,851,058. including grants of \$) (Revenue \$ 3,758,687.)
	FOSTER CARE: THIS PROGRAM SERVES CHILDREN FROM INFANCY TO AGE 17 AT
	THE TIME OF ADMISSION. PCHAS STRUCTURES ITS THERAPEUTIC SERVICES TO
	HELP CHILDREN WHO EXPERIENCE SOCIAL & EMOTIONAL DIFFICULTIES,
	DEVELOPMENTAL DELAYS, LEARNING PROBLEMS & BEHAVIORAL CHALLENGES. THE
	PROGRAM IS NOT APPROPRIATE FOR CHILDREN WHOSE NEEDS ARE SO INTENSE THEY
	REQUIRE REGULAR 24-HOUR AWAKE SUPERVISION.
	2 (22 072
4b	(Code: ) (Expenses \$ 3,632,073. including grants of \$ ) (Revenue \$ 412,061.)
	GROUP HOMES: PCHAS OPERATES 8 GROUP HOMES IN TWO TEXAS LOCATIONS -
	ITASCA & WAXAHACHIE. EACH HOME SERVES 6-8 CHILDREN BETWEEN THE AGES OF 5 & 17. OUR TRAINED STAFF SERVE AS PARENTS TO PROVIDE A NURTURING
	ENVIRONMENT FOR CHILDREN TO PRACTICE POSITIVE BEHAVIORS AND HEALTHY
	FAMILY RELATIONSHIPS. CHILDREN RECEIVE SPIRITUAL GUIDANCE & CHRISTIAN
	NURTURE THROUGH PRAYER, BIBLE STUDY, AND PARTICIPATION IN THE WORSHIP &
	LIFE OF LOCAL PRESBYTERIAN CHURCH (USA) CONGREGATIONS. THE CHILDREN
	ATTEND LOCAL SCHOOLS & RECEIVE DAILY SUPERVISED STUDY TIME &
	SPECIALIZED TUTORING AS NEEDED. IN ADDITION, PCHAS PROVIDES YOUTH IN
	CARE WITH COUNSELING TO HELP THEM OVERCOME THE TRAUMAS THEY HAVE FACED
	IN THEIR YOUNG LIVES.
4c	(Code: ) (Expenses \$ 2,064,369. including grants of \$ ) (Revenue \$ )
	CHILD & FAMILY: THE GOAL OF THIS PROGRAM IS TO ADDRESS ISSUES BEFORE A
	CRISIS RESULTS IN OUT-OF-HOME PLACEMENT OF CHILDREN. THIS PROGRAM
	DEALS WITH THESE ISSUES WHILE WORKING TO KEEP FAMILIES TOGETHER. WE
	HELP REMOVE THE BARRIERS THAT CAN PREVENT FAMILIES FROM RECEIVING THE
	SERVICES THEY NEED. CURRENTLY, THE PROGRAM IS IN THE FOLLOWING CITIES:
	ABILENE, AUSTIN, CORPUS CHRISTI, CORSICANA, DALLAS, FORT WORTH,
	HOUSTON, KILGORE, LONGVIEW, SAN ANTONIO, TEMPLE, WICHITA FALLS,
	MIDLAND, LUBBOCK, HURST, AND WEATHERFORD, TX AS WELL AS BATON ROUGE AND
	NEW ORLEANS, LA.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,290,170 • including grants of \$ 24,646 •) (Revenue \$ )
<u>4e</u>	Total program service expenses ► 12,837,670.
	Form <b>990</b> (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	х	
2	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-21	
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- i i u		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	46.		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del> -
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

# Form 990 (2016) PRESBYTERIAN CHILD Part IV Checklist of Required Schedules (continued)

			Yes	NO
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ •
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

# Form 990 (2016) PRESBYTERIAN CHILDREN'S HOMES & Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable   1a   80		Check if Schedule O contains a response or note to any line in this Part V					
be their the number of Forms W 26 inclused in line 1a. Enter 0- if not applicable.  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  20 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleed for the calendary ever ending with or within the year covered by this return  10 If the calendary ever ending with or within the year covered by this return  11 If the less one is reported on line 2a, did the organization file all required federal employment tax returns?  22 20 3  28 If the corporation of the calendary war, did the organization file all required federal employment tax returns?  29 If the organization have unrelated business gross income of \$1.000 or more during the yea?  30 If the organization have unrelated business gross income of \$1.000 or more during the yea?  31 If the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, a securities account, or other financial accounts (FBAR).  32 If *Yea,* either the name of the foreign country.  33 If the set organization or party to a prohibited tax shall be a bank account, and the properties of the properties for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33 If *Yea,* either the name of the foreign country.  34 If *Yea,* either the name of the foreign country.  35 If *Yea,* either the name of the foreign country.  36 If *Yea,* either the name of the foreign country.  37 If *Yea,* either the number of Foreign Bank and Financial Accounts (FBAR).  38 If *Yea,* either the second bank and financial accounts (FBAR).  39 If *Yea,* either the name of the foreign country.  30 If *Yea,* either the name of the foreign country.  30 If *Yea,* either the name of the foreign country.  31 If *Yea,* either the name of the foreign country.  32 If *Yea,* either the name of the foreign country.  33 I						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming graphical payments or vendors and reportable gaming graphical payments are vendors and payment graphical payments are vendors and payment graphical payments are vendors and payments and payments are vendors and payments are vendors and payments and payments are vendors and payments and payments are vendors and payments ar							
gamblingly winnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendary year ending with or within the year covered by this return  It least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  Note. If the sum of lines 1 and 2a greater than 250, you may be required to e-fife (see instructions)  3b If If Yes, 1 and 2 is greater than 250, you may be required to e-fife (see instructions)  3b If Yes, 1 and 1 filed a form 990Th for this year If "No, 1 for files 2, provide an explanation in Schedule O  3b If Yes, 2 and 1 filed a form 990Th for this year If "No, 1 for files 2, provide an explanation in Schedule O  4a A arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is offend to report of the foreign country (such as a bank account, securities account, or other financial account (such a file of the organization in the foreign country)  5a Was the organization and the foreign country.  5b Was the organization of the foreign country.  5c If Yes, 1 one Sa or 50, did the organization that it was or is a party to a prohibited tax shelter transaction of the financial account (FBAR).  5c If Yes, 2 one Sa or 50, did the organization that it was or is a party to a prohibited tax shelter transaction of the surface of the organization solicit any contributions that wen not tax deductibles cantriable contributions?  5c If Yes, 2 one Sa or 50, did the organization include with every solicitation an express statement that exist contributions or grifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c)  5c Use the organization received a contribution of account and party or goods and services provided to the payor?  5c V If Yes, 3 indicate the number of Forms 8282 filed during the year  5c Use the organization received a contribution of qualified the least o							
2a Inter the number of employees reported on Form W3. Transmittal of Wages and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If the organization have unreated business gross income of \$1,000 or more during the year?  3a If X  b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b If A A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," a fine the name of the foreign country." ►  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 8888-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8888-17  6d Does the organization have amountal gross receipts that are normally greater than \$100,000, and but the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible work of the year of th	С					77	
tiled for the calendary year ending with or within the year covered by this returm.			 I		1c	<u> </u>	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Ab IV the content in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, when the organization are a properties for findEN Form 114, Report of Foreign Bank and Financial account)?  5b If "Yes," enter the name of the foreign country.  5c If "Yes," the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 888617  6c If "Yes," to line 5a or 5b, did the organization file Form 888617  6d Does the organization shall were not tax deductible as charitable contributions?  6d Did the organization shall may receive deductible contributions under section 170(c).  7c If year, did the organization noticle when the organization are express statement that such contributions or grits were not tax deductible?  8d Did the organization receive a payment in sexess of 5f made party as a contribution and hartly or goods and services provided to the payor?  7a If Did the organization receive a grayment in sexess of 5f made party as a contribution of the organization receive and yfunds, directly or indirectly to lay great payment in the organization receive and yfunds, directly or indirectly, to lay great payment in the organization received and yfunds, directly or i	2a			202			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Did  11 Section 501(c)(1) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  15 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	f				7f		X
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sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a	h				7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8		d by th	е			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Forn 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a X							
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a X			11a				
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·	11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a			?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  14a  X			1	<b> </b>			
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X							
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Enter the amount of reserves the organization is required to maintain by the states in which the		.			
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X							
			13c				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b	000	/00 : ·

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	tion B. Follows (This occion B requests information about policies not require by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the appropriation become without applied of interest with O Mille II and to line 10	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availah	ماد	
10	for public inspection. Indicate how you made these available. Check all that apply.	avanal	ii C	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
19	statements available to the public during the tax year.	ıman	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	LINDA BISHOP - 512-746-1234			
	5920 W WILLIAM CANNON DR BLDG 3 #100, AUSTIN, TX 78749			

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	111126	(0		прсі	isat	(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					ono	Reportable	Reportable	Estimated
	hours per	box	box, unless person is bot officer and a director/trus			is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	r/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mper		(W 27 1000 MICO)		and related
	below	idual	Institutional trustee	Je.	Key employee	est co oyee	ler le	. (7)		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former	10		
(1) ROBERT S "BOB" FARRIS	1.00								_	
CHAIR OF BOARD		Х		Х				0.	0.	0.
(2) FANCY H JEZEK	1.00									_
VICE CHAIR OF BOARD		Х	L,	Х		N.		0.	0.	0.
(3) LARAINE R DUPUY	1.00		1							
SECRETARY OF BOARD		Х		X				0.	0.	0.
(4) VANCE MCCRACKEN	1.00				Ť			_		_
TREASURER OF BOARD	<b>*</b>	X		X				0.	0.	0.
(5) BILL PARKER	1.00	4						_		_
DIRECTOR		X						0.	0.	0.
(6) ELIZABTH MCLEAN	1.00							_		_
DIRECTOR		Х						0.	0.	0.
(7) GLORIA L LEWIS	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) JIM PITTS	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(9) KATY CALVERLEY	1.00	l								•
DIRECTOR	1 00	Х						0.	0.	0.
(10) SUSAN M FOY	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(11) LARRY DEW	1.00									0
DIRECTOR	1 00	Х						0.	0.	0.
(12) LAWSON CALHOUN	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) LYNN BROOKS, MD	1.00	٠,,						_	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) REV DR RON SCATES	1.00	Ι,,						_	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(15) SARA C MAXWELL	1.00	Х						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(16) ANNA BRADLEY DIRECTOR	1.00	X						0.	0.	0
(17) RICHARD "RICK" THOMAS	1.00	^	_			$\vdash$	$\vdash$	U •	0.	0.
	1.00	Х						0.	0.	0.
DIRECTOR		Δ.						U •	0.	- 200

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)			(D)	(E)			(F)				
Name and title	Average	(do not chec		heck	Position neck more than one as person is both an			Reportable	Reportable		Estimated		
	hours per week					is bot or/trus		compensation compensation from from from from				ount other	
	(list any	tor	ttor					the	organizations		comp		
	hours for	r direc				pa		organization	(W-2/1099-MISC	;)		om th	
	related	stee o	ustee			ensat		(W-2/1099-MISC)			orga	aniza	tion
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						rela	
	line)	dividu	stituti	Officer	y emp	ghest ploye	Former				orga	nizat	ions
(18) JAN WATTS	40.00	드	드	JO.	₹ 8	포등	요			$\dashv$			
ASST SECRETARY	40.00			х				51,279.		0.	1 -	1 7	82.
(19) KAREN HAVENHILL	40.00			22				31,213.	,	-		<u> </u>	02.
ASST TREASURER	40.00			x				73,842.		0.	1 /	<b>4</b> 0	39.
(20) DAVID THOMPSON	40.00							73,042.		<del>"</del>		<del>-</del> , o	•
CORP SECRETARY	10.00			x				168,300.		0.	2.1	3.0	12.
(21) LINDA BISHOP	40.00							100/3001				<del>, , ,</del>	
CORP TREASURER	10.00			x				158,067		0.	2.3	2.1	76.
(22) CHARLES E KNIGHT	40.00							200,001	77	$\dashv$			. ,
PRESIDENT				x				222,056.	<b>)</b> '	0.	2	7.7	87.
(23) PETER CROUCH	40.00									$\dashv$		. , .	
VP DEVELOPMENT				х				160,285.	(	0.	2:	2,2	54.
(24) MARY CELESTE ROSS	40.00									$\dashv$			
REGIONAL DIRECTOR						Х		115,585.	(	0.	23	3,5	45.
(25) J RANDALL SPENCER	40.00									$\dashv$			
VP ORGANIZATIONAL IMPACT						X_		131,045.	(	0.	29	9,0	12.
						10							
1b Sub-total	•						<b></b>	1,080,459.		0.	173	3,6	07.
c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)				)	l		<b></b>	1,080,459.		0.	173	3,6	07.
2 Total number of individuals (including but n				ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				
compensation from the organization			<u> </u>										6
	< )											Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the st													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	-				-			ted organization or indiv	idual for services				١,,
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch <sub>I</sub>	pers	son .					5		X
Section B. Independent Contractors									*				
1 Complete this table for your five highest co		-							•	ensa	ation fr	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir		year.				
(A) Name and business	address	NIC	INC	7				<b>(B)</b> Description of s	services	C	(C omper		n
Traine and Submisses		11/	7141				$\dashv$	- Bosonphor or o			5111601	100110	···
							$\dashv$						
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the organic	-			-5		0		,					
											Form \$	990	(2016)

PRESBYTERIAN CHILDREN'S HOMES & SERVICES \*\*-\*\*\*8172 Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 340,477. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 9,779,285. 86,260. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f . 10,119,762. Business Code 2 a PROGRAM SERVICE FEES 4,048,055 900099 Program Service Revenue 4,048,055 С f All other program service revenue g Total. Add lines 2a-2f. 4,048,055 Investment income (including dividends, interest, and 2,798,153 2,798,153. other similar amounts) Income from investment of tax-exempt bond proceeds 488,346. 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 18,668,595 assets other than inventory b Less: cost or other basis 16,622,97 848 and sales expenses 2,045,623 5,652 c Gain or (loss) 2,051,275 2,051,275. 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV. line 18 Other b Less: direct expenses 37,554 c Net income or (loss) from fundraising events -37,554 -37,554. 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 113,713 113,713 b AGRICULTURAL INCOME 900099 8,980 8,980 С d All other revenue 122,693

e Total. Add lines 11a-11d

Total revenue. See instructions.

19,590,730.

4,170,748.

### 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 (**D**)
Fundraising (C) (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 24,646. 24,646. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 1,254,066. 490,499. 581,028. 182,539. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 396,751 6,509,347. 5,537,788. 574,808. 7 Other salaries and wages Pension plan accruals and contributions (include 434,798. 365,179<sup>\(</sup> 34,230 35,389. section 401(k) and 403(b) employer contributions) 933,204. 1,089,857. 82,154. 74,499. 9 Other employee benefits 57,848. 509,713. 411,453. 40,412. Payroll taxes 10 Fees for services (non-employees): a Management 1,868. 2,718. 850. Legal 52,142. 19,890. 29,944. 2,308. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 142,301. 32,503. 92,840. 11,528. 37,933. column (A) amount, list line 11g expenses on Sch O.) 11,260. 21,243. Advertising and promotion 12 485,271. 212,883. 77,846. 194,542. 13 Office expenses 195,580. 132,444. 30,173. 32,963. 14 Information technology Royalties 15 984,116. 1,175,574. 143,525. 47,933. 16 Occupancy 488,065. 402,186. 31,888. 53,991. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 56,049. 1,254. 53,994. 801. Conferences, conventions, and meetings 19 704. 191. 402. <u>111.</u> 20 Payments to affiliates 21 152,559. 19,760. 288,318. 460,637. Depreciation, depletion, and amortization ..... 22 291,872. 226,705. 48,201. 16,966. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,947,536. 1,947,536. FOSTER CARE FEES MISCELLANEOUS 466,765. 410,496. 40,967. 15,302. **OUTREACH** 145,689. 145,689. 144,485. 144,485. FOOD e All other expenses 1,351,953. Total functional expenses. Add lines 1 through 24e 15,910,318. 12,837,670. 1,720,695. 25 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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) (B) Beginning of year End of year 3,277,255. 3,089,425. Cash - non-interest-bearing 1 41,616. 51,292. 2 Savings and temporary cash investments 3,086,246. 358,241. 5,255,447. 3 Pledges and grants receivable, net 430,321. 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 619,542. 642,398. Notes and loans receivable, net Inventories for sale or use 334,454. 9 339,513. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 18,108,992. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 6,114,741 7,151,114. 10,957,878. b Less: accumulated depreciation 10b 10c 30,923,068 32,426,612. Investments - publicly traded securities 11 11 36,352,049. 36,275,316. 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 54,173,823. 50,412,534. 15 15 Other assets. See Part IV, line 11 135,093,205. 140,068,566. 16 Total assets. Add lines 1 through 15 (must equal line 34) ....... 16 471,726. 17 660,320. Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 *J.*.... Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 470,858. 536,640. Schedule D Total liabilities. Add lines 17 through 25 .... 942,584. 1,196,960. 26 Organizations that follow SFAS 117 (ASC 958), check here X and

Form **990** (2016)

138,871,606.

140,068,566.

70,634,843.

61,798,180.

6,438,583.

**Net Assets or Fund Balances** 

27

33

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances\_\_\_\_\_

Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 69,467,163.

6,542,783.

58,140,675.

134,150,621.

135,093,205.

27

28

29

30 31

32

33

Both consolidated and separate basis

Form 990 (2016)

Х

Х

2c

X Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Pulolic

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PRESBYTERIAN CHILDREN'S HOMES & SERVICES Employer identification number \*\*-\*\*\*8172

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	organ	nization is not a private found	dation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	•		•	•				
2		A school described in <b>sect</b>	•				-76-76-7			
3	一	A hospital or a cooperative					ii)			
4	一	A medical research organiz					-	the hospital's name		
_	ш		ation operated in co	rijuriction with a nospital	described	ı III Sectio	ii iro(b)( i)(A)(iii). Liitei	the nospital s hame,		
-		city, and state:	ar the benefit of a co	llaga ar university avenue	d ar anara	tad by a a	avaramental unit describ	and in		
5		An organization operated for		niege or university owner	or opera	ted by a g	overnmental unit descrit	ped in		
_		section 170(b)(1)(A)(iv). (C								
6	37	A federal, state, or local go	-							
7	X									
		section 170(b)(1)(A)(vi). (C								
8	Щ	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a land-grant	college		
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of the colleg	e or		
		university:								
10		An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from		
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)		_ \	`				
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or								
		lines 12a through 12d that	-							
а		Type I. A supporting orga	* *			=		v aivina		
		the supported organization								
		organization. You must o								
b		Type II. A supporting org			tion with it	s support	ed organization(s) by ha	ivina		
		control or management o								
		organization(s). You mus			arric perse	nis triat of	ontrol of manage the sup	ported		
,		Type III functionally inte			in connec	tion with	and functionally integrate	ed with		
٠	·	its supported organizatio						ea with,		
_		7						ization(o)		
C	· -	☐ Type III non-functionally								
		that is not functionally int			-		•	iveness		
		requirement (see instruct		- ·						
e	• L	☐ Check this box if the orga					a Type I, Type II, Type III			
		functionally integrated, or		nally integrated support	ng organiz	zation.				
f		er the number of supported of								
		vide the following information  (i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(11) = 111	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	1			
Tota	al									

Schedule A (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES\*\*-\*\*\*8172 Page 2

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.)

Se	ction A. Public Support	·					
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	,	( )	( )	( )	( )	( )
	membership fees received. (Do not						
	include any "unusual grants.")	6,080,071.	4,863,223.	6,180,656.	10,622,828.	10,119,762.	37,866,540.
2	Tax revenues levied for the organ-	. ,	, ,	, ,	. ,	. ,	, ,
_	ization'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	6,080,071.	4,863,223.	6,180,656.	10,622,828.	10,119,762.	37,866,540.
	The portion of total contributions	, , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,			7
J	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)						4,287,905.
6	**						33,578,635.
	Public support. Subtract line 5 from line 4.						33,370,033.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
		(a) 2012 6,080,071.	<b>(b)</b> 2013 4,863,223.	6,180,656.	(d) 2015 10,622,828.	10,119,762.	<b>(f)</b> Total 37,866,540.
	Amounts from line 4	0,000,071.	4,003,223.	0,180,080.	10,022,020.	10,119,702.	37,000,340.
8	Gross income from interest,			5			
	dividends, payments received on						
	securities loans, rents, royalties	2 720 517	3,178,948.	2 210 766	2 275 241	2 206 400	16 700 071
_	and income from similar sources	3,738,517.	3,178,948.	3,319,766.	3,275,341.	3,286,499.	16,799,071.
9	Net income from unrelated business						
	activities, whether or not the	•	.6				
	business is regularly carried on						
10	Other income. Do not include gain		)				
	or loss from the sale of capital	115 755	01 222	06 000	102 605	122,693.	E20 464
	assets (Explain in Part VI.)	115,755.	91,233.	90,000.	103,693.	144,093.	
						16	55,195,075. <b>,125,059.</b>
12	Gross receipts from related activities,						,125,059.
13	First five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. $\Box$
50	organization, check this box and stor		roontogo				<u></u>
	ction C. Computation of Publ						60 04
	Public support percentage for 2016 (I					14	60.84 %
	Public support percentage from 2015					15	56.89 %
16a	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies						
k	o 33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶□
k	10% -facts-and-circumstances tes	<b>t - 2015.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	_
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a	<u>box on line 13, 1</u> 6a	i <u>, 16b, 17a, or 1</u> 7b	o, check this box a	nd see instruction	s 🕨 🗌
	no 10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstances"	t - 2015. If the org ne "facts-and-circu cumstances" test.	anization did not c mstances" test, ch The organization q	heck a box on line leck this box and a ualifies as a public	e 13, 16a, 16b, or a stop here. Explain cly supported orga o, check this box a	17a, and line 15 is in Part VI how the anization	10% or e

Schedule A (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES\*\*-\*\*\*8172 Page 3

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.)

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					7	
	ization's benefit and either paid to						
	or expended on its behalf					V	
5	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and			. (			
	3 received from disqualified persons				$\mathcal{O}$		
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			6			
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						1
	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	•	5				
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	<b>*. ( )</b>					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.	)					
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organi	zation,
_	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ					1 1	
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inve					11	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2016. If the						17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2015. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						······································
ン()	Private foundation If the organization	an did not chack a	nov on line 1/1 10	ia oriun chackt	nie nav and eag in	etrijetione	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		<u> </u>
า 9	90 or 99	90-EZ)	2016

Name		dule A (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES**-**	*817	2 Pa	age <b>5</b>
11. Has the organization accepted a gift or contribution from any of the following persons?  2. A person with directly or indirectly controls, either able on topether with persons described in (b) and (c) below, the governing body of a supported organization?  2. A 35% controlled entity of a person described in (i) or (i) above?  3. A 35% controlled entity of a person described in (i) or (i) above?  4. The controlled entity of a person described in (ii) or (ii) above?  5. A 35% controlled entity of a person described in (ii) or (ii) above?  7. The controlled entity of a person described in (ii) or (ii) above?  8. Section B. Type I Supporting Organizations  8. The controlled the directors, fustees, or membership of one or more supported organizations have the power to regulatily appoint or elect at least a majority of the organizations of elections or rustees at all times during the tax year? If 'No.' describe in Part VI how the supported organizations have the power to organization and what conditions or restrictions, if any, applied to such powers during the tax year.  5. Did the organization coperate for the benefit or any supported organization of their than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  6. Did the organization supporting organization of the than the supported organization of person in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated organization supports or controlled the supporting organization of the transition of the circles or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the support organization(s) that directors or trustees of each of the organization support organization with the supported organization organization and the supported organization organization and the supported organization organiz	Pa	t IV   Supporting Organizations <sub>(continued)</sub>			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) above?  c A 59% controlled withy of a person described in (a) at bove?  1 10   Section B. Type I Supporting Organizations  1 Did the directors, fustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? (if No, "describe in No." If No." describe in No." If No. "describe in No." If No. "describe in No." If No." describe in No." If No. "describe in No." If No." describe in No." If No. "describe in No." If No." describe in No." If No. "describe in No." If No." describe in No." If No. "describe in No." If No." describe in No." If No. "describe in No." If No." describe in No. "describe in No." If No." if No. "describe in No." If No. "describe in No." If No." if No. "describe in No." If No. "describe in No." If No." if No. "describe in N				Yes	No
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### Section D. All Type III Supporting Organizations  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 filled as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or tastes either (i) appointed or elected by the supported organization maintained a close and continuous working relationship with the supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year) (if "ise," describe in Part VI the role the organization's supported organization's supported organization's supported organization's supported organization's supported organization's supported organization's income or assets at all times during the tax year) (if "ise," describe in Part VI the role the organization's supported organization supported organization's supported organization supported organization's value supported organization supported organization's supported organization's supported organization's value supported organization's value supported organization's po					
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Schedule A (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES\*\*-\*\*\*8172 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3

☐ Check here in the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

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Schedule A (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES\*\*-\*\*\*8172 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Underdistributions** Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 1 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: а b **c** From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7: **b** Excess from 2013 c Excess from 2014 d Excess from 2015

e Excess from 2016

Part VI	(Form 990 or 990-E2) 2016 FRESBITERIAN CHILDREN S HOMES & SERVICES " - " " 6172 Page 8  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.)
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	*
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

\*\*-\*\*\*8172

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
	, ,	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	For an organization	filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	:60
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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, line 1. Complete Parts I and II.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it <b>mu</b>	ıst answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

### PRESBYTERIAN CHILDREN'S HOMES & SERVICES

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Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,279,535</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	10/10	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

### PRESBYTERIAN CHILDREN'S HOMES & SERVICES

\*\*-\*\*\*8172

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
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	.60	\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of orga	nization			Employer identification number
PRESBY	TERIAN CHILDREN'S HOME	S & SERVICES		**-***8172
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additions.	ributions to organizations described olumns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or	ving line entry. For organizatio	ns .
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
.		(e) Transfer of gift		
- - -	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift		ansferor to transferee
(a) No.		· (C)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

**Employer identification number** \*\*-\*\*\*8172

Pa		LFunds or Other Similar Funds	
ı u	organization answered "Yes" on Form 990, Part IV, line		3 of Accounts: Complete if the
	organization answered Tes On Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior davised farias	(b) I and 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 w		
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa		unization analysed "Vas" on Form 000	Post IV No 7
			Partiv, mie 7.
1	Purpose(s) of conservation easements held by the organization		and the second and lead are
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.	.,,	Held at the End of the Tax Year
а			2a
b			2b
C	Number of conservation easements on a certified historic structure of the conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organization during the tax
_	year >		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Do	conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Tracquires or C	Ather Cimiler Assets
Га			Miler Sillillar Assets.
	Complete if the organization answered "Yes" on Form 9		
та	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhibit		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	• •	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b> .
_			
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116		<b>.</b>
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		959,808.		959,808.
<b>b</b> Buildings		16,273,544.	6,548,794.	9,724,750.
c Leasehold improvements				
d Equipment		875,640.	602,320.	273,320.
<b>e</b> Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10c.)	<b>&gt;</b>	10,957,878.

Schedule D (Form 990) 2016

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) TPF LARGE CAP EQUITY 21,331,700. POOLED FUND END-OF-YEAR MARKET VALUE TPF FIXED INCOME POOLED (C) 14,928,948. END-OF-YEAR MARKET FUND VALUE 14,668. CHRISTIAN ED FUND END-OF-YEAR MARKET VALUE (E) (F) (G)

36,275,316.

## Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		. (7)
(6)		10
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

(H)

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) BENEFICIAL INTERESTS IN TRUSTS	47,046,465.
(2) REAL ESTATE	261,696.
(3) MINERAL INTERESTS	7,328.
(4) INTEREST RECEIVABLE	62,457.
(5) ESTATES RECEIVABLE	2,816,457.
(6) RECEIVABLE FROM PCHAS-MO	218,131.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	50,412,534.

### 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)	PAYROLL PAYABLE	28,887.
(3)	OTHER LIABILITIES	35,633.
(4)	COMPENSATED ABSENCES	472,120.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	536,640.

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

Sche	dule D	(Form 990) 2016 PRESBYTERIAN CHILDREN'S HOM	IES 8	SERVICES	**_	***8172 Page 4
Par		Reconciliation of Revenue per Audited Financial Statemer	nts Wi			
		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	20,691,976.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	1,040,573.		
		ted services and use of facilities	2b	23,119.		
		veries of prior year grants	2c			
		(Describe in Part XIII.)	2d	37,554.	•	
		nes <b>2a</b> through <b>2d</b>			2e	1,101,246.
3	Subtr	act line <b>2e</b> from line <b>1</b>			3	1,101,246. 19,590,730.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
		(Describe in Part XIII.)	4b		1	
		nes <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	19,590,730.
		Reconciliation of Expenses per Audited Financial Stateme			Retu	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	15,970,991.
		ints included on line 1 but not on Form 990, Part IX, line 25:			· -	- , ,
		ted services and use of facilities	2a	23,119.		
		year adjustments	2b		-	
		losses	2c		-	
		(Describe in Part XIII.)	2d	37,554.	-	
			24	9170011	2e	60.673.
		nes 2a through 2d act line 2e from line 1			3	60,673.
		ints included on Form 990, Part IX, line 25, but not on line 1:			3	13/310/3100
		tment expenses not included on Form 990, Part VIII, line 7b	4a			
			4b		-	
		(Describe in Part XIII.) nes <b>4a</b> and <b>4b</b>	40		10	0.
		nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part</i> 1, line 18.)			4c	15,910,318.
		Supplemental Information.			<u> </u>	13,710,310
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V lines	1h and 2h: Dart V line	1: Dort	V line 2: Dort VI
					4, Part	A, IIIIe Z, Part AI,
nes 2	2a and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ionai ini	ormation.		
2 Z D	·т тл	TIME 4.				
· AI	. T V	, LINE 4:				
rut	י דיו	DOWMENT FUNDS PROVIDE A PORTION OF OUR	DDOO	יים או מנום או מבי	י דם זי	CED IIDOM AM
LIII	יונים ו	DOWNENT FONDS FROVIDE A FORTION OF OUR	FROC	SKAM SUFFORI		SED OFON AN
A TATA	πтът	DRAW RATE. THIS RATE HAS BEEN HISTORI	CALT	.V FCTART.TCU	י מים:	TO DDOWINE
71/1/	IUAL	DRAW RAIE. THIS RAIE HAS BEEN HISTORI	CALL	II ESIMBUISH	.ED_	IO PROVIDE
Λ NT	7 1 7 E	RAGE OF 5% ANNUALLY.				
71/	AVE	RAGE OF 36 ANNOADDI.				
PAR	X T	, LINE 2:				
PCH	IAS	IS EXEMPT FROM FEDERAL INCOME TAX UNDER	SEC	CTION 501(C)	3 0	F THE
INI	ERN	AL REVENUE CODE, THOUGH IT WOULD BE SUE	JECI	T TO TAX ON	INC	OME
JNR	ELA	TED TO ITS EXEMPT PURPOSE (UNLESS THAT	INC	OME IS OTHER	WIS	E EXCLUDED

BY THE IRC). THE AGENCY HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES

ACCOUNTING PRINCIPLES. THE LAST THREE TAX YEARS REMAIN OPEN TO EXAMINATION

ARE REQUIRED TO BE RECOGNIZED IN ACCORDANCE WITH GENERALLY ACCEPTED

### **SCHEDULE G**

(Form 990 or 990-EZ)

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection
Employer identification number

Schedule G (Form 990 or 990-EZ) 2016

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES | \*\*-\*\*8172

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization ans t.</li> </ul>	wered "Yes" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rais	e Solici f Solici g Spec	tation of non-g tation of gover ial fundraising	overnment grants nment grants events		
key employees listed in Form 990, F  b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	art VII) or entity in connection with viduals or entities (fundraisers) pur	n professional f	undraising services?	Yes	
(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	(O)		
		c			
		$O_{\downarrow}$			
	Ci(S)				
	· C1				
Total		<b>&gt;</b>			
List all states in which the organization or licensing.	n is registered or licensed to solic	it contributions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES\*\*-\*\*\*8172 Page 2

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 ASK EVENT ASK EVENT -(add col. (a) through FT. WORTH HOUSTON col. (c)) (event type) (event type) (total number) Revenue 91,053. 340,477. 141,583. 107,841. 1 Gross receipts 141,583 340,477. 91,053. 107,841. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6,422. 3,048. 34,180. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,374. 1,608. 380. 1,386. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 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? 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:

Sch	edule G (Form 990 or 990-EZ) 2016 PRESBYTERIAN CHILDREN'S HOMES & SERVICES**-	***8172	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
'-	The file hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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 > \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10	)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,,	-,,

Schedule G	G (Form 990 or 990-EZ)	PRESBYTERIAN	CHILDREN'S	S HOMES &	SERVICES**-**81	.72 Page <b>4</b>
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)				
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		<b>*</b>				
		+ C +				
		110				
		•				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

PRESBYTE	**-***8172						
Part I General Information on Grants	and Assistance					•	
Does the organization maintain records	s to substantiate the	e amount of the grant	s or assistance, the	e grantees' eligibili	ty for the grants or as	sistance, and the selection	n
criteria used to award the grants or ass	sistance?						X Yes N
2 Describe in Part IV the organization's p						) /	
Part II Grants and Other Assistance to	o Domestic Organi	zations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part IV	, line 21, for any
recipient that received more than	n \$5,000. Part II can	be duplicated if addi	itional space is nee	ded.		<u> </u>	
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				JIL			
			5/10				
		Ċ	5				
		(10					
		),					
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			he line 1 table				<b>.</b>

Schedule I (Form 990) (2016) I KEDDI I ERTIM C	III DRUM D	HOMED & C	DILATORD		0172	Page Z
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 as	sistance
TUITION & FEE ASSISTANCE TO CURRENT & FORMER						
FOSTER CARE STUDENTS	24	24,646	. 0.			
				~06,		
			.0			
			SILL			
		~ C)(				
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2, Part III, column	n (b); and any other a	dditional information.		
PART I, LINE 2:						
THE CHILDREN IN THE ORGANIZATION'	S CARE AR	E ELIGIBLE	TO PARTIC	IPATE IN THE		
ORGANIZATION'S ADVANCED EDUCATION	PROGRAM	IF THEY HA	VE BEEN IN	CARE FOR AT		
LEAST ONE YEAR & MEET CONTINUING	QUALIFICA	TION REQUI	REMENTS TO	HAVE AT		
LEAST C-AVERAGE GRADES. THE ORGA	NIZATION :	HAS A SPEC	CIFIC ADVAN	CED EDUCATION		
POLICY, AND EMPLOYEES' CHILDREN A	RE NOT EL	IGIBLE TO	PARTICIPAT	E - ONLY		
CHILDREN IN THE CARE OF THE ORGAN	IZATION.					

### **SCHEDULE J** (Form 990)

**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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

**Employer identification number** \*\*-\*\*\*8172

1_	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	N
Ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
,	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	1b	Х	
	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?	2	х	
	trastees, and officers, including the GEO/Exceptive Birector, regarding the terms offended of line at			
	Indicate which, if any, of the following the filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	Tridependent compensation consultant  Tompensation compensation committee  Tompensation compensation committee  Tompensation committee			
	Approvarby the board of compensation committee			
	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:			
	Receive a severance payment or change-of-control payment?	4a		
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		
;	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	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.			
	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:			
	The organization?	5a		
	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
	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			
	The organization?	6a		
	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
	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	7		
	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	8		:
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellellis	(6)(1)-(0)	in column (B) reported as deferred on prior Form 990
(1) DAVID THOMPSON	(i)	168,300.	0.	0.	15,370.	7,642.	191,312.	0.
CORP SECRETARY	(ii)	0.	0.	0.	0.	0.		0.
(2) LINDA BISHOP	(i)	158,067.	0.	0.	14,571.	7,605.		0.
CORP TREASURER	(ii)	0.	0.	0.	9.	0.	0.	0.
(3) CHARLES E KNIGHT	(i)	222,056.	0.	0.	20,131.	7,656.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PETER CROUCH	(i)	160,285.	0.	0.	14,668.	7,586.		0.
VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) J RANDALL SPENCER	(i)	131,045.	0.	0.	12,652.	16,360.	160,057.	0.
VP ORGANIZATIONAL IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		1,0					
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 1A:
HOUSING ALLOWANCE PROVIDED FOR STAFF CLERGY
Α,
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. 00
•.62
10

### **SCHEDULE M** (Form 990)

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

**2016** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Noncash Contributions** 

**Employer identification number** 

	PRESBYTERIAN	CHILD	REN'S HOM	ES & SERVIC	ES	**_*	* * 8	172	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	(d) Method of det noncash contribut		•	:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		9,5	08.FM	7			
6	Cars and other vehicles								
7	Boats and planes				4				
8	Intellectual property					<u> </u>			
9	Securities - Publicly traded				<del>- ( )</del>				
10	Securities - Closely held stock				1				
11	Securities - Partnership, LLC, or trust interests								
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -			10					
13	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	6	1,5	22.FMV	<u> </u>			
20	Drugs and medical supplies	<b>*</b>							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (CHILDREN'S GI)	X	103		73.FMV				
26	Other (OUTREACH)	X	126		04.FMV				
27	Other $\blacktriangleright$ ( $\overline{FURNITURE} \& E$ )	X	5		20.FMV				
28	Other (SCHOOL SUPPLI)	X	8	2,1	87.FM	J			
29	Number of Forms 8283 received by the organi								
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	<b>9</b>			Yes	No
302	During the year, did the organization receive b	v contributio	on any proporty ro	norted in Part Llines 1	through 29	that it		162	NO
Jua	must hold for at least three years from the dat								
	exempt purposes for the entire holding period						30a		х
b	If "Yes," describe the arrangement in Part II.	·					Sua		
31	Does the organization have a gift acceptance	nolicy that r	equires the review	of any nonetandard o	ontributions	:2	31	х	
	Does the organization have a gift acceptance					, · · · · · · · · · · · · · · · · · · ·			
JZa			•				32a		x
h	contributions?  If "Yes," describe in Part II.						JŁa		
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	v for which column (a)	is checked				
55	describe in Part II.	, o, ai i i i (o, 10	a type of propert	y ioi willon column (a)	is checked	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

### PERSONAL CARE

(A) CHECK IF APPLICABLE = X

Schedule M (Form 990) (2016)

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PRESBYTERIAN CHILDREN'S HOMES & SERVICES

**Employer identification number** \*\*-\*\*\*8172

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

ADVANCED & STUDENT EDUCATION PROGRAM: PROVIDES SUPPORT TO & FUNDING FOR FORMER RESIDENTS WHO ARE INTERESTED IN PURSUING HIGHER EDUCATION, VOCATIONAL, TECHNICAL, OR JOB TRAINING BEYOND A HIGH SCHOOL EDUCATION.

SINGLE PARENT FAMILY PROGRAM: PROVIDES SUPPORT TO SINGLE MOTHERS WHO ARE FACING HOMELESSNESS DUE TO POVERTY, ABUSE, DIVORCE INCARCERATION, ABANDONMENT, VIOLENCE OR ANOTHER CRISIS. FAMILIES IN THIS PROGRAM LIVE IN TRANSITIONAL RESIDENTIAL HOMES IN WEATHERFORD WAXAHACHIE, HOUSTON, AND SAN ANTONIO, TEXAS.

EXPENSES \$ 1,290,170. INCLUDING GRANTS OF 24,646. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES MAKE RECOMMENDATIONS TO A BOARD DEVELOPMENT COMMITTEE WHO BRINGS THE RECOMMENDATIONS TO THE BOARD FOR A VOTE FOR APPROVAL OF THE THE BOARD OF TRUSTEES HAVE FINAL AUTHORITY. NOMINATION.

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

THE FORM 990 REVIEWED BY THE VICE PRESIDENT OF FINANCE AND ADMINISTRATION & THE SENIOR FINANCIAL ANALYST BEFORE IT IS FILED. THE 990 IS ALSO EMAILED TO ALL BOARD OF TRUSTEES FOR APPROVAL BEFORE THE RETURN IS FILED.

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

THE BOARD OF TRUSTEES RECEIVES A NOTICE OF THE ORGANIZATION'S POLICY AND IS REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE.

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

Name of the organization
PRESBYTERIAN CHILDREN'S HOMES & SERVICES

Employer identification number \*\*-\*\*8172

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

THE BOARD OF TRUSTEES DOES NOT RECEIVE A SALARY. THE BOARD OF TRUSTEES

SETS THE PRESIDENT'S COMPENSATION. THE PRESIDENT REVIEWS THE CHIEF

OPERATING OFFICER'S AND VICE-PRESIDENTS' SALARIES WITH THE BOARD. ALL OF

THE SALARIES ARE REVIEWED IN CONTEXT WITH SALARY SURVEYS FOR SIMILAR

POSITIONS IN LIKE SIZE SOCIAL SERVICE AGENCIES & IN SIMILAR GEOGRAPHICAL

REGIONS.

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

GOVERNING DOCUMENTS AND POLICY STATEMENTS ARE AVAILABLE UPON REQUEST.

FINANCIAL DOCUMENTS ARE ALSO MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE

AT WWW.PCHAS.ORG.

FORM 990, PART VII, SECTION A

SINCE PASTORS PARTICIPATE IN THE SECA PROGRAM RATHER THAN THE FICA

PROGRAM, BOX 5 OF THEIR W-2S DOES NOT REFLECT AN AMOUNT. THEREFORE, IN

ORDER TO REPORT COMPARABLE AMOUNTS ON THE FORM 990, REPORTABLE MEDICARE

WAGES FOR PASTORS HAS BEEN CALCULATED AND REPORTED IN THE SAME MANNER

AS NON-PASTORS.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. THE BOARD OF DIRECTORS SELECTS THE AUDITOR AND OVERSEES THE PROCESS.

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print -\*\*\*8172 PRESBYTERIAN CHILDREN'S HOMES & SERVICES File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 5920 W WILLIAM CANNON DR BLDG 3 #100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions AUSTIN, TX 78749 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 Return Application Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A Form 990-BL 02 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 LINDA BISHOP The books are in the care of ► 5920 W WILLIAM CANNON DR BLDG 3 #100 - AUSTIN, TX 78749 Telephone No. ► 512-746-1234 Fax No. ► 512-476-8468 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶️// and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2017 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

3c