2017

OMB No 1545-1150

Short Form of Organization Exempt From Income Tax

Department of the Treasury

Internal Revenue Service

BCA

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

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Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5a Gross amount from sale of assets other than inventory. 5 Gross amount from sale of assets other than inventory (Subtract line 5b) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less: direct expenses from gaming and fundraising events (and lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances. 7a Gross sales of inventory, less returns and allowances. 7a Gross sprofit or (loss) from sales of inventory (Subtract line 7b from line 7a). 7b Total revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses, Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at eding file of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Q, 552. 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at e	<u>к</u>	Form o	f organization	X Corporation	,	ruet								
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Form 980-EZ (2017) THANK YOU DARLIN FOUNDATION 20-1365104 Page 2 Part II Balance Sheets. (see the instructions for Part II) (A) Beginning of year (B) End of year 10,786. Cash, savings, and investments 22 2,77<u>1</u> 23 Land and buildings 23 24 Other assets (describe in Schedule O) 24 Total assets . . . 2,77110,786. 25 1,234. 233 26 9,552. 1.538 Net assets or fund balances (line 27 of column (B) must agree with line 21). . 27 Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III. **Expenses** (Required for section What is the organization's primary exempt purpose? HELP CHILDREN WITH SUCCESS 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others) persons benefited, and other relevant information for each program title. 28 VOICE 2 YOUTH PROGRAMS OF TEACHING LITERACY THROUGH THE ARTS USING POETRY AND WRITING AFTER SCHOOL PROGRAMS 20, 928.) If this amount includes foreign grants, check here. 19,723. 29 ANNUAL YOUTH POETRY SLAM - CHILDREN 8 TO 18 PERFORM OWN POETRY IN FRONT ON AUDIENCE) If this amount includes foreign grants, check here 5,944. (Grants \$ 29a 30 YOUTH POETRY PUBLICATION BOOK - CHILDREN 8 TO 18 WRITE POETRY TO BE PUBLISHED 3,891. (Grants \$) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here . 31a 32 Total program service expenses. (add lines 28a through 31a) ightharpoonup32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average compensation (e) Estimated amount of contributions to hours per week (Forms W-2/1099-MISC) (a) Name and title other compensation employee benefit plans, devoted to position (if not paid, enter -0-) and deferred compensation CAROLYN WEST 7108 SANTE FE TRAIL FW 40 21,000. Hr/WK SHELLEY COX 5412 TROUT CREEK CT FW Hr/WK KATRINA HALEY 2040 MATADOR RD FW Hr/WK DEBBIE URSINI 5717 MADGE PLACE FW 0 Hr/WK ROSE ANN MEREDITH 928 E LEUDA ST FW 0 Hr/WK STEPHANIE WALKER 7016 WAGONWHEEL RD FW 0 Hr/WK DR MELITA GARZA 3707 W 4TH ST FW 0 Hr/WK Hr/WK Hr/WK Hr/WK

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Part V

65104

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 X 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business Х 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice. 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Х 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 37b 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . X 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. ______; section 4912 ▶ ______, section 4955 ▶ section 4911 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . Χ 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter X List the states with which a copy of this return is filed. 42 a The organization's books are in care of ► CAROLYN WEST Telephone no. ▶817-306-4441 Located at ► 1300 GENDY S city FORT WORTH ST TX ZIP + 4 ▶ 76107 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Χ If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Х Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? $\overline{\mathsf{X}}$ 45a 45 b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)._. . Form **990-EZ** (2017)

Form 99	0-EZ (2017) THANK YOU DA	ARLIN FOUNDATION		20-	<u> 136510</u>		Page 4			
46	Did the organization engage, directly or ind	lirectly, in political campaign a	activities on behalf of o	r in apposition		Yes	No			
	to candidates for public office? If "Yes," cor	mplete Schedule C, Part I .			. 46		X			
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization	s only			es for line	s				
	50 and 51. Check if the organization used So	chedule O to respond to ar	ny question in this Pa	art VI	<u></u> .					
						Yes	No			
	Did the organization engage in lobbying ac year? If "Yes," complete Schedule C, Part I				47		X			
48	Is the organization a school as described in	n section 170(b)(1)(A)(ıi)? If "	Yes," complete Schedi	ule E	. 48		Х			
49 a	Did the organization make any transfers to	an exempt non-charitable rel	lated organization?		. 49a		Х			
b If "Yes," was the related organization a section 527 organization?							<u> </u>			
	employees) who each received more than s					еу				
	employees) who each received more than t			(d) Health benefits,	None.					
	(a) Name and title of each employee /	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	1 ' '	ated am ompens				
	NONE									
Title Name		Hr/WK	-		 	·				
Title		Hr/WK								
Name					1					
Title		Hr/WK								
Name										
Title Name	AT III	Hr/WK								
Title		Hr/WK								
f	Total number of other employees paid over		>	_						
	Complete this table for the organization's five highest compensated independent contractors who each received more than									
	\$100,000 of compensation from the organi	zation. If there is none, enter	"None."							
	(a) Name and business address of each inde	pendent contractor	(b) Type of servi	ce	(c) Compensa	ition				
	NONE str	•••••	-							
City	ST	ZIP								
Name City	Str ST	ZIP	-							
Name	Str	******					-			
City	ST	ZIP								
Name City	Str ST	ZIP	-							
Name	Str					-				
City	ST	ZIP	<u> </u>							
	Total number of other independent contract Did the organization complete Schedule A?			 ach a						
	1 4 1 6 1 1 1 4		-		► X Ye	s 🗌	No			
Under pe true, corr	enalties of perjury, I declare that I have examined this refect, and complete Declaration of preparer (other than o	tum, including accompanying schedul officer) is based on all information of w	es and statements, and to the	edge						
C!		' A	06/15/2018							
Sign Here	Signature of officer CAROLYN WEST	9	Date PRESIDE	NT						
	Type or print name and title		1 1 1 2 2	·	l ===:					
Paid	Print/Type preparer's name JILL STALLARD	Preparer's Signature	Date	l Check] if PTIN	50301	1			
Prepa	Frm's name STALLARD & Co	OMPANY OMPANY	JVV 1067.	15/2018 self-employe	18 self-employed P00260300 Firm's EIN ▶75-2315739					
Use C	Only Firm's address ► PO BOX 1845	COLLEYVILL COLLEYVILL	E TX 76034		17-514-					
May the	e IRS discuss this return with the preparer				► X Ye		No			
,				.			Z (2017)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

HA	NK	YOU DARLIN FOUND	ATION				20-1365104	
Par	_	Reason for Public Char						
1	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	닏	A school described in section		•				/ /
3	닏	A hospital or a cooperative hos	spital service organi	zation described in s	ection 17	0(b)(1)(A)(iii).	V
4	\sqcup	A medical research organization hospital's name, city, and state		unction with a hospital	described	d in secti	on 170(b)(1)(A)(iii)	Enter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Con		ge or university owner	d or opera	ited by a g	governmental unit de	escribed in
6		A federal, state, or local govern	nment or governme	ntal unit described in	section 1	70(b)(1)(A)(v).	
7	X	An organization that normally r described in section 170(b)(1)	receives a substant (A)(vi). (Complete	al part of its support fr Part II.)	om a gov	ernmenta	l unit or from the ge	neral public
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9		An agricultural research organi or university or a non-land-grauniversity:						
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrela	ons—subject to certai ted business taxable i	n exception ncome (le	ons, and (ess section	2) no more than 33 n 511 tax) from busi	1/3% of its
11		An organization organized and	l operated exclusive	ely to test for public sa	fety. See	section 8	509(a)(4).	
12		An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations d	escribed in section 5	09(a)(1) d	or section	509(a)(2). See sec	tion 509(a)(3).
a b	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
С	Γ	organization(s). You must on Type III functionally integr			d in conne	ction with	and functionally in	tearated with
·	L	its supported organization(s						tegrated man,
d	[Type III non-functionally in that is not functionally integret requirement (see instruction	rated. The organiza	ition generally must sa	itisfy a dis	tribution r	equirement and an	
е	[Check this box if the organi	zation received a w	ritten determination fr	om the IR	S that it is		ype III
_		functionally integrated, or Ty		ally integrated suppor	ting organ	iization.		<u> </u>
ī		Enter the number of supported Provide the following information	•	tod organization(s)				• [
<u> y</u>		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
B)						<u> </u>		
<u>. </u>								
C)								
D)								
E)	·							
- Tota	1							

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			, , , , , , , , , , , , , , , , , , ,			···
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14213.	18107.	19872.	21773.	22012.	95977.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	14213.	18107.	19872.	21773.	22012.	95977.
6	Public support. Subtract line 5 from line 4						95977.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	14213.	18107.	19872.	21773.	22012.	95977.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets	17002	20675	20400	10045	01.50	02626
11 12	(Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (se	17083.	20675.	28480.	18245.	9153.	93636. 189613.
13	First five years. If the Form 990 is for the or organization, check this box and stop here			, or fifth tax year as	s a section 501(c)	(3)	
	ction C. Computation of Public Sup					·	<u> </u>
	Public support percentage for 2017 (line 6, c	• • • • • • • • • • • • • • • • • • • •	•))		14	50.62%
	Public support percentage from 2016 Schedu 33 1/3% support test—2017. If the organization			and line 14 is 33 1	/3% or more, char	15	45.93%
, vu	and stop here. The organization qualifies as			and line 14 is 55 i	75 % of more, one	, .	▶ X
b	33 1/3% support test—2016. If the organization and stop here. The organization qualifies			•	33 1/3% or more	, check this	. ▶□
17a	10%-facts-and-circumstances test—2017. is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization.	s the "facts-and-cir	cumstances" test, o	check this box and	stop here. Expla	in in	▶ □
b	10%-facts-and-circumstances test—2016. 15 is 10% or more, and if the organization in Explain in Part VI how the organization meet supported organization	neets the "facts-an	d-circumstances" t	est, check this box	and stop here.		>
18	Private foundation. If the organization did n instructions .	ot check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		▶□

Schedule A (F	orm 990 or 990-EZ) 2017 THANK YOU DARLIN FOUNDATION	20-1365104 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, li III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c	ne 17a or 17b; Part
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; an	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	d Fait V, Section E,
	illes 2, 3, and 6. Also complete this part for any additional information. (See instructions.)	

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	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number 20-1365104 THANK YOU DARLIN FOUNDATION PAGE 1, LINE 8 - OTHER REVENUE 1,123 PAGE 1, LINE 8 - OTHER REVENUE \$1,123 THIS AMOUNT IS FOR MERCHANDISE SALES PAGE 1, LINE 16 - OTHER EXPENSES 11,230 PAGE 1, LINE 16 - OTHER EXPENSES \$11,230 THIS AMOUNT IS BROKEN OUT INTO THE FOLLOWING EXPENSES: PROGRAM EXPENSES 8,305, INSURANCE 1,139 OFFICE SUPPLIES 572, MARKETING 1,214 LINE H THE ORGANIZATION DID NOT HAVE ANY CONTRIBUTIONS OF \$5,000 OR MORE FROM ANY ONE CONTRIBUTOR AND THEREFORE IS NOT REQUIRED TO FILE SCHEDULE B