2949223614613 OMB No 1545-1150

Short Form

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

2017

Department of the Treasury Internal Revenue Service

▶ 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

A	For the	e 2017 calend	ar year, or tax year beginning $12/01$, 2017, and end	ing 11	./30 ,20 18
	B Check if applicable C Name of organization				D Employer identification number
	Addre	ess change		į	
	_	change	FOR THE SAKE OF ONE		37-1856146
	ヿ	return	Number and street (or P O box, if mail is not delivered to street address) Room/suite	e	E Telephone number
	Final	return/terminated	422 Hickory Street	- 1	903-329-0566
X	Amen	ided return	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption
	٦	cation pending	Texarkana, TX 71854	1	Number 🏲
G		nting Method	Cash Accrual Other (specify) ▶ H	Check	If the organization is not
	Websi	_	\'		d to attach Schedule B
J ·	Tax-exem	npt status (check only	one) - X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	(Form 9	90, 990-EZ, or 990-PF)
			X Corporation Trust Association Other		
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal asset	s
(Pa	rt II, co	olumn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ	>	\$ 98,935.62
Pa	art I	Revenue, E Check if the	xpenses, and Changes in Net Assets or Fund Balances (see organization used Schedule O to respond to any question in this Pai	the ins	structions for Part I)
	1	Contributions,	gifts, grants, and similar amounts received		74,481.79
	2	Program servi	ce revenue including government fees and contracts		19,735.42
	3	Membership d	ues and assessments		3
	4	Investment inc	:ome	🚅	4
	5 a	Gross amount	from sale of assets other than inventory 5a		- \
	b	Less cost or o	ther basis and sales expenses		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	5	c
	6	Gaming and fi	undraising events		
ø.	а		from gaming (attach Schedule G if greater than		-
Ž		\$15,000)			
Revenue	b		from fundraising events (not including \$ 10,724.76 of contributions		l
œ	1		ng events reported on line 1) (attach Schedule G if the	41	-1
		-	ross income and contributions exceeds \$15,000) 6b 4,718		
	C		penses from garring and fundralising events		
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subt		d
	7 a	•	inventory, less returns and allowances	٠٠٠ اـــ	
	b		oods sold		
	C	_	(loss) from sales of inventory (Subtract line 7b from line 7a)	7	c
	8	-	(describe in Schedule O).		В
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		94,217.21
_	10		nilar amounts paid (list in Schedule O)		0
	11		o or for members RECEIVED	• • • ⊢	1
S	12		compensation, and employee benefits	1	29,933.75
Expenses	13	Professional f	ees and other payments to independent contractors	1	15,628.71
Ĝ	14	Occupancy, re	ees and other payments to independent confidence AUG 1.9 2019.	1	4
ú	15	Printing, publi	1	5 484.89	
	16	Other expense	es (describe in Schedule O)	<u> 1</u>	6 17,893.00
	17		ses. Add lines 10 through 16	. 🖊 1	7 63,940.35
Š	18		icit) for the year (Subtract line 17 from line 9)		8 30,276.86
Net Assets	19		fund balances at beginning of year (from line 27, column (A)) (must agree v		
			gure reported on prior year's return)		9 18,067.46
	20	_	s in net assets or fund balances (explain in Schedule O)		0 111,720.00 160,064,33
	21		fund balances at end of year Combine lines 18 through 20	. 🕨 2	1 160,064.32
For	Paper	work Reduction	Act Notice, see the separate instructions.		Form 990-EZ (2017)

Form 990-EZ (2017)			Page 2
Part II Balance Sheets (see the instructions for Part II)			
Check if the organization used Schedule O to respond to any	question in this Part II		X
	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	17,176.56	22	41,808.08
23 Land and buildings		23	111,720.00
24 Other assets (describe in Schedule O)	890.90	24	7,799.24
25 Total assets	18,067.46	25	161,327.32
26 Total liabilities (describe in Schedule O)	0.00	26	1,263.00
Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,067.46	27	160,064.32
Part III Statement of Program Service Accomplishments (see the III	nstructions for Part III)		Expenses
Check if the organization used Schedule O to respond to any qu	estion in this Part III X	(Re	quired for section
What is the organization's primary exempt purpose? Charitable prevention of c			(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each of its the			anizations, optional for
as measured by expenses. In a clear and concise manner, describe the serv		othe	ers)
persons benefited, and other relevant information for each program title	•	i	
28 Christmas party for all children in the foster care system. We had	over		
200 people attend the party where we provided presents for 236 chi	ldren		
in foster care. The purpose wass to relieve the financial burden o	f Christmas.		
(Grants \$) If this amount includes foreign grants,	check here	28a	3,021.03
29 Resource room with diapers, wipes, shoes, clothing, formula, under	wear,		-
socks and baby items for both children who enter foster care and f	amilies		
who are at risk of losing their children We provided these resou	rces for 135 children		
(Grants \$) If this amount includes foreign grants,	check here ▶	29a	6,794.16
30 Parent's Night Out. This gives foster parents a chance to have a c	hild		
free evening and have a time of renewed mental health. We served 3	2		
families who were caring for about 100 children			
(Grants \$) If this amount includes foreign grants,	check here ▶	30a	962.00
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants,	check here ▶	31a	29,441.72
32 Total program service expenses (add lines 28a through 31a)		32	40,218.91
Part IV List of Officers, Directors, Trustees, and Key Employees (list each			
Check if the organization used Schedule O to respond to any ques			
	(2) 2		

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Angela Coston	40	1		
Executive Director		30,000.00	0.00	0.00
David Orr	1			
Treasurer		0.00	0.00	0.00
Craig Jenkins	1			
Board Chair		0.00	0.00	0.00
Callie Perkins	1			
Vice Chair		0.00	0.00	0.00
Carly Anderson	1			
Secretary		0.00	0.00	0.00
April Graves	1			
Board member		0.00	0.00	0.00
Kathy Hudson	2			
Board member		0.00	0.00	0.00
Kyle Akin	1			
Board member		0.00	0.00	0.00

Part	Uther Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	mod action of the transfer and organization accordance to to respend to any queetion in the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
		33		Х
34	detailed description of each activity in Schedule O			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise explain the change on Schedule O (see instructions)	34] [Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	•	Х
b	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,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	51.72	*33)	747.1
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1	認察	是要
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	10 To 153		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
39	Section 501(c)(7) organizations Enter		200	
а	Initiation fees and capital contributions included on line 9		185	
b	Gross receipts, included on line 9, for public use of club facilities	18.7	- 7/4	Salvage
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	13%.	Jan Seles	
	section 4911 ▶, section 4912 ▶, section 4955 ▶	製造		经验
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	F3 4554	15. 15	7. 深縣
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		ļ	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	- 12		5歲費
	on organization managers or disqualified persons during the year under sections 4912,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4955 and 4958	13.7	1000	1500
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	1	is a second	
	400 Tellibulsed by the organization		15 500	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		1.334	∴¥₩ X
	transaction? If "Yes," complete Form 8886-T	40e	l	
41	List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ Angela Coston Telephone no ▶ 903-329	-056	.6	
42a	The organization's books are in care of ► Angela Coston Telephone no ► 903-329 Located at ►422 Hickory Street Texarkana, TX ZIP+4 ► 75503			
_	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	·	Yes	No
ņ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	169	X
	If "Yes," enter the name of the foreign country	1. No. 25 %	**************************************	\$55000
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	55.00		
	Financial Accounts (FBAR)			医统
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
·	If "Yes," enter the name of the foreign country	720		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	. \square
40	and enter the amount of tax-exempt interest received or accrued during the tax year	• • •		
	and officer the amount of tax exempt interest received of accorded daming the tax year, 1, 1, 1, 1, 1, 1		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	330	1 242	影響
	completed instead of Form 990-EZ	44a	. 2 4	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	130	200 C	PORT T
~	completed instead of Form 990-EZ	44b	ina-tit	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	25733	133	\$ 5 1 5 d
_	explanation in Schedule O	44d		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	م معملز مد ما ها الا	要談響	22329
-	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)	45b	L	X

orm 99	0-EZ (2017)						,	Page 4
							Fig. 1	Yes	No
46		the organization engage, directly or indirectly						1 Time to	* /. /. / • • • • • • • • • • • • • • • • • • •
		andidates for public office? If "Yes," complete	Schedule C, Part I.	· · · · ·	<u> </u>		. 46	L	X
Part '	VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations mu		- 47 40h		nd aananlata tha t	ablaa fe		_
		` ,` ,	st answer question	15 47-490	and 52, a	na complete the t	ables ic	or iine	:5
		50 and 51				- "			
	_	Check if the organization used Schedul	e O to respond to	any ques	tion in this	Part VI	<u></u>		<u> </u>
47	Did 1	the organization engage in lobbying activities	es or have a section	501(h) e	election in e	effect during the ta	х 	Yes	No
	year?	If "Yes," complete Schedule C, Part II					. 47		X
48		e organization a school as described in secti							X
49a	Did t	the organization make any transfers to an ex	empt non-charitable	related org	janization?		. 49a		Х
b		es," was the related organization a section 5							X
50	Com	plete this table for the organization's five his	ghest compensated	employee	s (other tha	in officers, directors	s, trustee	es, an	d key
	emp	loyees) who each received more than \$100,0	· · · · · · · · · · · · · · · · · · ·	·			enter "No	one "	
		(a) Name and title of each employee	(b) Average hours per week		portable ensation	(d) Health benefits, contributions to employee	(e) Estima		
		(a) Name and title of each employee	devoted to position	(Forms W-	2/1099-MISC)	benefit plans, and deferred compensation	other co	ompens	ation
Vone						•			
				 					
			_						
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				<u> </u>					
f 51	Com	I number of other employees paid over \$100 plete this table for the organization's five	highest compensate	d indeper	ndent contra	actors who each r	eceived	more	than
		0,000 of compensation from the organization				1			
	(a) Name and business address of each independent contra	actor	(b) Type	of service	(c) C	ompensati	on	
lone									

	-					<u> </u>			
		<u> </u>					-		
d		I number of other independent contractors e	_						
52	Dıd	the organization complete Schedule A?	Note: All section	501(c)(3)	organizat	ions must attach	a		٦.
	com	pleted Schedule A	<u></u>				<u> </u>		<u> No</u>
Inder p	enalties	s of perjury, I declare that I have examined this return, in nd complete. Declaration of preparer (other than officer) is	cluding accompanying sch	edules and	statements, and amr has any kn	d to the best of my know	ledge and	belief,	ıt ış
ide, coi	rect, ar	Made Complete Secretary of the Complete Control than officery is	based on an information o	willon prop	arcr nas any kn	Cr is / Is Cr			
		I wyla with				3/16/19			
Sign		Signature of officer				Date			
lere		▲ Angela Coston Executive Di	rector						
		Type or print name and title							
		Print/Type preparer's name Preparer	s signature		Date	Check If	PTIN		
Paid			-			self-employed			
^o repa		Sumb same			<u> </u>				
Jse C	nly	Firm's name	<u>.</u> .		<u> </u>	Firm's EIN			
		Firm's address			-	Phone no	_ []		٦
nay th	e iRS	discuss this return with the preparer shown	above? See instructi	ons		<u> </u>		es	<u>j No</u>
							Form 99	0-EZ	(2017)

SCHEDULE A (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.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOR THE SAKE OF ONE

Employer identification number

37-1856146 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university | X | An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (li) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 support (see listed in your governing instructions) above (see instructions)) instructions) document? Yes ÑΟ (A) (B) (C) (D) (E) Total

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) Part II

Sec	tion A. Public Support						
Cale	ndar 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")				21,059.97	98,935.62	119,995.59
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
.	The value of services or facilities furnished by a governmental unit to the organization without charge				. 050 07	00 035 23	
4	Total. Add lines 1 through 3		10878 7988200 818	70 × 1 000000 6 8 8	21,059.97	98,935.62	119,995.59
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	ない。	學的學科學的學	的。於於於	学科学教育学	自然成为研究的	119,995.59
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4				21,059.97	98,935.62	119,995.59
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		•				
11	Total support. Add lines 7 through 10	经分级的数据	张野縣 经营	CONTRACTOR OF THE PARTY			119,995.59
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is to organization, check this box and stop here	.	<u></u>				
14	tion C. Computation of Public Sup Public support percentage for 2017 (I		_	11 column (f)		14	100.0000 %
15	Public support percentage for 2017 (i						100.0000 %
	331/3% support test - 2017. If the or						
	box and stop here. The organization of	-					- IVI
b	331/3% support test - 2016. If the or						
	this box and stop here. The organization	•					
17a	a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization	2016. If the organization meets	ganization did r s the "facts-an	not check a box d-circumstances	on line 13, 16 " test, check t	ia, 16b, or 17a his box and s	, and line top here.
40	Explain in Part VI how the organizate supported organization Private foundation. If the organization						▶ 🔲
18	instructions						- 1 1
							990 or 990-EZ) 2017

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)

<u>Sec</u>	tion A. Public Support			···			
Cale	ndar 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")				21,059.97	76,700.20	97,760.17
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					19,735.42	19,735.42
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
_		· 					
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge				21 059 97	96,435.62	117 495 59
6	Total. Add lines 1 through 5				21,000.01	70,433.02	117,455.55
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	建筑等的				LARGER MERCHAN	
	line 6)	550.00多次。	海州	。許多學樣的確	测数型设置	[25] 學家含養	117,495.59
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				21,059.97	96,435.62	117,495.59
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						_
	rents, royalties, and income from similar sources						-
h	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	•						_
	Add lines 10a and 10b				1	<u> </u>	
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,				0.5 0.5 0.5	0.0 405 60	
	and 12)	L			21,059.97	96,435.62	117,495.59
14	First five years. If the Form 990 is	for the organiza	tion's first, seco	and, third, fourth	, or fifth tax y	ear as a section	1 501(c)(3)
	organization, check this box and stop here	<u> </u>					▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2017 (line 8	3, column (f) divide	ed by line 13, colu	mn (f))			.00.0000 %
16	Public support percentage from 2016 Sch	edule A, Part III, lir	ne 15	<u></u>		16 1	.00.0000 %
Sec	tion D. Computation of Investmer					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2017 (I			13. column (f))		17	%
18	Investment income percentage from 2016						%
	331/3% support tests - 2017. If the or						
, <i>y</i> a	17 is not more than 331/3%, check the						- IVI
L	331/3% support tests - 2016. If the org						
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	line 18 is not more than 331/3 %, check			•	-		
ZO JSA	Private foundation. If the organization	aid not check	a DUX UII IIIIE	17, 13a, 01 19L			990 or 990-EZ) 2017
	1 1 000				•	Schedule A (FUIII)	,,, o. 100-FF! FAIL

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
- 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," answe (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")? "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 Elli 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?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support o benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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)
- 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)
- 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 benefi from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a 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)

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Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the powering body of a supported organization? b A family member of a person described in (a) above? c A 3.5% controlled entity of a person described in (a) above? c A 3.5% controlled entity of a person described in (a) above? c A 3.5% controlled entity of a person described in (a) above? 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations described how the powers to appoint and/or remove directors or trustees at all times during the tax year? If No, describe how the powers to appoint and/or remove directors or trustees at all times during the tax year if No, describe how the powers to appoint and/or remove directors or trustees discaded among the supported organizations and what conditions or restrictions, if any, applied to such powers during the rax year 2 Did the organization and the purposes of the supported organization if the properties of restrictions, if any, applied to such powers during the rax year 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations apported organizations 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 of each of the organizations apported organizations, by the last day of the fifth morth of the organizations or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the fifth morth of the organizations and experting organizations and the controlled or managed the supported organizations and (in)		ile A (Fulli 330 of 330-E2) 2017		· · · · ·	rage 🗸
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		•
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1	CANAGE CONTRACTOR	不是是不是要的
instructions for short tax year or assets held for part of year)	1		建设设置
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	-	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ġġ		THE TAKES
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	的原则是自己是不是"特别的"	
2 Enter 85% of line 1	2	1.2012年12日本公司	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	15-13 4 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4 Enter greater of line 2 or line 3	4	为是是这个人的。 1985年1887年1888年1887年1888年1887年1887年1887年18	
5 Income tax imposed in prior year	5	1400年,1400年,1400年	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		的现在分词	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly inte	grated Type III supporting	organization (see
instructions)	•	J 71 11 " U	- '

Schedule A (Form 990 or 990-EZ) 2017

$\overline{}$	le A (Form 990 or 990-EZ) 2017	Supporting Organizat	ions (continued)	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 ex	Current real		
	Amounts paid to supported organizations to accomplish e. Amounts paid to perform activity that directly furthers exer			
4	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	-		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	_		
•	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	(ii)			(iii)
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	(機能)等等所屬	YARAR TERRITOR	
2	Underdistributions, if any, for years prior to 2017	理論的は、対の問題は		SECTION OF THE PARTY OF THE PAR
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017	物質に動き、注意の関係が	なるといれて、ないないない	的心理智能。通過智能
а	TOUT HE CANTEST THE SAME TO THE	的第四次的主义的	会が対象が確認	"高品"的"大学"的"大学"。 "一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
b	From 2013	概認的權法以後認識	经验的证据的证据	的是在这个人的人的
С	From 2014	2007年15月1日在1800	经企业的企业的企业的企业	常性的形式的影響
d	From 2015	《水源》 张公子称《水源》		是被打造的基本的
е	From 2016	學學是完善的學學	是新心理學可學院認為	集中国人都已经的管理
f	Total of lines 3a through e		心跳が実行分裂は極熱	建设建设的。在这种特别
g	Applied to underdistributions of prior years	新的推进的表示的		和流程的活动
h	Applied to 2017 distributable amount		いるというできること	
i_	Carryover from 2012 not applied (see instructions)	经的现在分词的		4025 CALL STORY (C. 1) 4 4 5 7 1
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	2 10 00 00 00 00 00 00 00 00 00 00 00 00		
4	Distributions for 2017 from			
	Section D, line 7 \$		经验的证明的证明的证明的	程序的2012年10月1日 1000 1000 1000 1000 1000 1000 1000
a	Applied to underdistributions of prior years		D. C. W. SARKERS L. G. W. S.	STATE STATES
<u>b</u>	Applied to 2017 distributable amount	WILLIAM SATERIA	A SYSTEM OF THE STATE OF THE ST	Asset of the second second section of the
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	8 45 7 5 3 6 8 8 8 8 8 8 5 5 5 5 6 6 8 8 8 8 5 5 5 5		大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域。2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學域 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2月 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學校 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 大學 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004年2 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 2004 200
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result		•	
	greater than zero, explain in Part VI See instructions		monthly of the Burn of the son of	ERFRESS CIPEL SARA MESS.
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	160 190 100 100 100 100 100 100 100 100 10	日本と呼吸されませんにおける wages	可以文学等。這種的技術
7	Excess distributions carryover to 2018 Add lines 3			
	and 4c Breakdown of line 7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Language Control of the Control of t	42 R. J.
	Excess from 2013	\$ 0.00 M MO W 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	Excess from 2014		8: NEW 1884 - 1 25 3: LEES 12 12 12 12 12 12 12 12 12 12 12 12 12	100 100 100 100 100 100 100 100 100 100
<u>b</u>	Excess from 2015	THE HEALTH STORY OF THE SAME	PARTY OF THE PARTY	MENDE PERENTAN
d	Excess from 2016	大學教育的 在下的代表教徒 [中報教:21]。 [14 天正學教徒]	*ないいことをこうなどでいるとからする いこのもない。ことをこうなどである。	CALLER SECRETARY STATES
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SCHEDULE O (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.

► Attach to Form 990 or 990-EZ.

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

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OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 37-1856146 FOR THE SAKE OF ONE Part I - Line 16, Other Expenses Facilities and Equipment \$1,453.11 Insurance \$2,379.55 Maintenance & Repairs \$840.54 Supplies \$3,303.79 Utilities \$3,512.31 Foster Family Outreach \$2,093.37 Advertising \$873.03 Travel and Meetings \$2,522.53 Miscellaneous \$461.98 Part II - Line 24, Other Assets Accounts Receivable - Ending \$7,799.24 Accounts Receivable - Beginning \$890.90 Part II - Line 27, Other Liabilities Payroll Liabilities - Ending \$1,263.00 Part III - Statement of Program Service Accomplishments Family Matters is a court ordered supervised visitation center. Parents who are not allowed to have unsupervised visits with their children (usually due to some type of abuse) can pay to have a supervised visit at our center. Expenses were \$13,841.72 Foster care prevention - Frequently case workers contact us when they find a situation that is not acceptable, but could be fixed easily to become safe for the children in We have provided cribs, car seats, clothing, diapers, wipes, formula, the home.

clothing, shoes and beds for families so that the children can stay with their

Schedule O (Form 990 or 990-EZ) (2017)				
Name of the organization '	Employer identification number			
biological parents. Expenses were \$7,800				
Creating awareness - Raise awareness concerning the foster care cr	isıs and what they			
can do to help. In 2018 raised awarenes at 13 churches and 5 Rota	ry clubs. Also			
awarenss was raised via social media. Expenses were \$7,800				
Part I - Line 20, Other Changes in net assets				
CASA of Northeast Texas deeded an office building to us. Asset val	ue was \$111,720			
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