

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: THOUGHTFUL HOUSE CENTER FOR CHILDREN. Number and street: 3001 BEE CAVES ROAD. City or town: AUSTIN, TX 78746

D Employer identification number: 20-0802572. E Telephone number: (512) 732-8400. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.thoughtfulhouse.org

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,437,732

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions (1-5), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-c), Other investment income (7), Gross amount from sales of assets (8a-c), Special events (9a-c), Gross sales of inventory (10a-c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) . . . . .	<b>25a</b>	140,481	56,193	67,430
<b>b</b> Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule) . . . . .	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c . . . . .	<b>26</b>	243,237	201,245	41,992
<b>27</b> Pension plan contributions not included on lines 25a, b and c . . . . .	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27 . . . . .	<b>28</b>	3,250	3,250	
<b>29</b> Payroll taxes . . . . .	<b>29</b>	37,050	18,917	16,782
<b>30</b> Professional fundraising fees . . . . .	<b>30</b>			1,351
<b>31</b> Accounting fees . . . . .	<b>31</b>	335		335
<b>32</b> Legal fees . . . . .	<b>32</b>	15,419	15,419	
<b>33</b> Supplies . . . . .	<b>33</b>	38,725	18,558	14,855
<b>34</b> Telephone . . . . .	<b>34</b>	11,006	475	5,312
<b>35</b> Postage and shipping . . . . .	<b>35</b>	4,547		4,477
<b>36</b> Occupancy . . . . .	<b>36</b>	122,015		70
<b>37</b> Equipment rental and maintenance . . . . .	<b>37</b>	12,298		121,065
<b>38</b> Printing and publications . . . . .	<b>38</b>	13,596	2,244	1,030
<b>39</b> Travel . . . . .	<b>39</b>	27,184	22,382	10,322
<b>40</b> Conferences, conventions, and meetings . . . . .	<b>40</b>	10,338	8,689	636
<b>41</b> Interest . . . . .	<b>41</b>			1,013
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	55,118	38,360	16,758
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	<b>44</b>	1,477,770	1,047,955	389,137
				40,678

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part III Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶</b> <u>help children with developmental disorders</u></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b></p> <p>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>b</b></p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>c</b></p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>d</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	<p>1,047,955</p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>	
		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .		161,704	<b>45</b>	1,717,959
	<b>46</b> Savings and temporary cash investments . . . . .		1,948,667	<b>46</b>	1,279,240
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b>	182,400		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>		<b>47c</b>	182,400
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .			<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		91,500	<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .			<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities . . . . . <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV			<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>	960,000		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		960,000	<b>55c</b> 
	<b>56</b> Investments—other (attach schedule) . . . . .			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>	493,343		
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b>	122,416	391,943	<b>57c</b> 	
<b>58</b> Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____ )				<b>58</b>	
				3,250	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .			3,553,814	<b>59</b>	
				4,513,776	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .			<b>60</b>	
	<b>61</b> Grants payable . . . . .			<b>61</b>	
	<b>62</b> Deferred revenue . . . . .			<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>	
	<b>65</b> Other liabilities (describe <input checked="" type="checkbox"/> _____ )				<b>65</b>
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .			0	<b>66</b>	
				0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted . . . . .		3,553,814	<b>67</b>	4,513,776
	<b>68</b> Temporarily restricted . . . . .			<b>68</b>	
	<b>69</b> Permanently restricted . . . . .			<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .			3,553,814	<b>73</b>
					4,513,776
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .			3,553,814	<b>74</b>	
				4,513,776	





**Part VI Other Information** (continued)

Yes No

<p><b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .</p>	<p><b>82a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .</p>	<p><b>82b</b></p>		
<p><b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	<p><b>83a</b></p>	<p>Yes</p>	
<p><b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .</p>	<p><b>83b</b></p>	<p>Yes</p>	
<p><b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .</p>	<p><b>84a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>84b</b></p>		
<p><b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .</p>	<p><b>85a</b></p>		
<p><b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p>	<p><b>85b</b></p>		
<p><b>c</b> Dues assessments, and similar amounts from members . . . . .</p>	<p><b>85c</b></p>		
<p><b>d</b> Section 162(e) lobbying and political expenditures . . . . .</p>	<p><b>85d</b></p>		
<p><b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .</p>	<p><b>85e</b></p>		
<p><b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .</p>	<p><b>85f</b></p>		
<p><b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .</p>	<p><b>85g</b></p>		
<p><b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .</p>	<p><b>85h</b></p>		
<p><b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12</p>	<p><b>86a</b></p>		
<p><b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .</p>	<p><b>86b</b></p>		
<p><b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>87a</b></p>		
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .</p>	<p><b>87b</b></p>		
<p><b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .</p>	<p><b>88a</b></p>		<p>No</p>
<p><b>b</b> At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI . . . . .</p>	<p><b>88b</b></p>		<p>No</p>
<p><b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>			
<p><b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .</p>	<p><b>89b</b></p>		<p>No</p>
<p><b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____</p>			
<p><b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> _____</p>			
<p><b>e All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction? . . . . .</p>	<p><b>89e</b></p>		<p>No</p>
<p><b>f All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract?</p>	<p><b>89f</b></p>		<p>No</p>
<p><b>g For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .</p>	<p><b>89g</b></p>		<p>No</p>
<p><b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> TX</p>			
<p><b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions) . . . . .</p>	<p><b>90b</b></p>	<p>10</p>	
<p><b>91a</b> The books are in care of <input type="checkbox"/> ANISSA RYLAND Telephone no <input type="checkbox"/> (512) 732-8400 3001 BEE CAVES ROAD STE 120 Located at <input type="checkbox"/> AUSTIN, TX ZIP + 4 <input type="checkbox"/> 78746</p>			
<p><b>b</b> At any time during 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, securities account, or other financial account)? . . . . .</p>	<p><b>91b</b></p>	<p>Yes</p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b>, Report of Foreign Bank and Financial Accounts</p>			

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> EQUESTRIAN PROGRAM					17,645
<b>b</b> CLINICAL INTAKE FEES					12,355
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	14,506	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				14,506	30,000
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					44,506

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

				Yes	No
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
<b>Totals</b>					

		Yes	No
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	*****		2008-10-20
	Signature of officer		Date
	ANISSA RYLAND DIRECTOR OF OPERATIONS Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	DONALD G FLATEN	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DONALD G FLATEN PC 15916 TWO RIVERS AUSTIN, TX 787175312			EIN
					Phone no

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
THOUGHTFUL HOUSE CENTER FOR CHILDREN

**Employer identification number**

20-0802572

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KELLY BARNHILL 2205 A LANE AUSTIN, TX 78703	CLINICAL CARE COORDINATOR 40 00	95,456	0	0
DANIEL HOLLENBECK 2801 BARTON POINT DR AUSTIN, TX 78733	Director of Information Technology 40 00	58,587	0	0
Total number of other employees paid over \$50,000	2			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BRYAN JEPSON MD PA 2707 BARTON POINT DR AUSTIN, TX 78733	Medical Services	74,530
MEDICAL INTERVENTIONS FOR AUTISM 931 OAKWOOD WILMETTE, IL 60091	Research Services	319,991
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	0	



**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state**  \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,916,381	908,963	1,752,020		5,577,364
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	34,276	34,504			68,780
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,369	1,971	614		9,954
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	2,958,026	945,438	1,752,634		5,656,098
<b>24</b> Line 23 minus line 17	2,923,750	910,934	1,752,634		5,587,318
<b>25</b> Enter 1% of line 23	29,580	9,454	17,526		
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 0
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26 b _____					<b>26d</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b>
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b>
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines 15 _____ 5,577,364 16 _____ 0 17 _____ 68,780 20 _____ 0 21 _____ 0					<b>27c</b> 5,646,144
<b>d</b> Add Line 27a total _____ and line 27 b total _____					<b>27d</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 5,646,144
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 5,656,098
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 99.820000 %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.180000 %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals

**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: 6-13 (a) Description of property, (b) Cost, (c) Elected cost, 7-13 (a) Description of property, (b) Cost, (c) Elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 If you are electing to group any assets.

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 For assets shown above.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Question, Yes/No. Includes rows 37-41 and a Note.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

**TY 2007 Investments - Land Schedule**

**Name:** THOUGHTFUL HOUSE CENTER FOR CHILDREN

**EIN:** 20-0802572

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
RAW LAND	960,000	0	960,000

**TY 2007 Land etc. Schedule****Name:** THOUGHTFUL HOUSE CENTER FOR CHILDREN**EIN:** 20-0802572

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
SOFTWARE-RESEARCH	3,500	1,848	1,652
RIDING HORSE-EQUESTRIAN	1,500	581	919
EQUIPMENT-RESEARCH	11,258	4,066	7,192
EQUIPMENT-CLINICAL	233,918	81,530	152,388
SOFTWARE-OFFICE	555	555	
FURNISHINGS-OFFICE	36,528	13,484	23,044
EQUIPMENT-OFFICE	37,195	10,001	27,194
LEASEHOLD IMPROVEMENTS	168,889	10,351	158,538

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 20-0802572  
**Name:** THOUGHTFUL HOUSE CENTER FOR CHILDREN

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> WEBSITE	<b>43a</b>	558		558	
<b>b</b> FEES, PERMITS, LICENSES	<b>43b</b>	5,850	775	5,075	
<b>c</b> BANKING COSTS	<b>43c</b>	1,776	191	1,585	
<b>d</b> RESEARCH EXPENSES	<b>43d</b>	51,138	51,138		
<b>e</b> RESEARCH SERVICES	<b>43e</b>	509,877	509,877		
<b>f</b> OFFICE EXPENSE	<b>43f</b>	2,775		2,775	
<b>g</b> PAYROLL SERVICE	<b>43g</b>	760		760	
<b>h</b> STAFF DEVELOPMENT	<b>43h</b>	1,714		1,714	
<b>i</b> IT SERVICES	<b>43i</b>	13,479	13,479		
<b>j</b> INSURANCE	<b>43j</b>	69,376	895	68,481	
<b>k</b> MANAGEMENT FEES	<b>43k</b>	5,885	5,885		
<b>l</b> PATIENT ASSISTANCE	<b>43l</b>	71,043	71,043		
<b>m</b> EQUESTRIAN EXPENSES	<b>43m</b>	8,940	8,940		

**Form 990, Part III - Program Service Accomplishments:**

<p><b>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</b></p>	<p><b>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</b></p>
<p><b>a</b> Equestrian Program--provided administrative support and volunteer support to the Thoughtful House Equestrians (THE), a therapeutic riding program for children with disabilities</p> <p>(Grants and allocations \$ 0) <span style="float: right;">If this amount includes foreign grants, check here <input type="checkbox"/></span></p>	<p style="text-align: right;">17,613</p>
<p><b>b</b> COMMUNITY OUTREACH PROGRAM--HOSTED FREE LECTURES BY VISITING AND LOCAL PROFESSIONALS DIRECTED TOWARD PARENTS AND PROFESSIONALS TO RAISE AWARENESS OF NEEDS &amp; RESOURCES FOR CHILDREN WITH DEV DISORDERS HOSTED FREE COMMUNITY SUPPORT EVENTS FOR CHILDREN WITH ASD AND THEIR FAMILIES PROVIDE RESOURCE LIBRARY FOR COMMUNITY EDUCATION ADMINISTIERED SUPPORT FUND FOR FAMILIES UNABLE TO AFFORD APPROPRIATE MEDICAL CARE</p> <p>(Grants and allocations \$ 0) <span style="float: right;">If this amount includes foreign grants, check here <input type="checkbox"/></span></p>	<p style="text-align: right;">107,432</p>
<p><b>c</b> RESEARCH PROGRAMS--PITTSBURG PRIMATE PROJECT, HBOT CLINICAL TRIAL, BRAND EFFECT PAPERS, ITALIAN COHORT REPLICATION, VENEZUELA COLLABORATION, BARRETT'S ESOPHOGUS PAPER AND OTHERS WROTE 4 RESEARCH PLANS AND ONE CLINICAL TRIAL PARTICIPATED IN SEVERAL RESEARCH CONFERENCES AND MEETINGS PLANNED SCIENTIFIC THINK TANK</p> <p>(Grants and allocations \$ 0) <span style="float: right;">If this amount includes foreign grants, check here <input type="checkbox"/></span></p>	<p style="text-align: right;">687,588</p>
<p><b>d</b> CLINICAL SUPPORT--COORDINATED THE RESEARCH ACTIVITIES, EDUCATION AND MULTI-DISCIPLINARY COMMUNICATION OF 4 INDIVIDUAL CLINICAL PRACTICES OFFERED TRAINING TO OUTSIDE PRACTITIONERS ON THE APPROPRIATE TREATMENT OF DEVELOPMENTAL DISORDERS</p> <p>(Grants and allocations \$ 0) <span style="float: right;">If this amount includes foreign grants, check here <input type="checkbox"/></span></p>	<p style="text-align: right;">235,322</p>
<p><b>e</b> N/A</p> <p>(Grants and allocations \$ 0) <span style="float: right;">If this amount includes foreign grants, check here <input type="checkbox"/></span></p>	<p style="text-align: right;">0</p>

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
CHARLES E BALL 41 HILLTOP RD ASHEVILLE, NC 28803	DIRECTOR 5 00	0		
TROYLYN W BALL 41 HILLTOP RD ASHEVILLE, NC 28803	DIRECTOR 5 00	0		
JANE JOHNSON 834 FIFTH AVE APT 11B NEW YORK, NY 10021	MANAGING CO-DIRECTOR 10 00	0		
KEVIN NATER ONE DELL WAY ROUND ROCK, TX 78682	MANAGING CO-DIRECTOR 10 00	0		
DR DEBORAH PEEL 2802 STRATFORD DR AUSTIN, TX 78746	DIRECTOR 2 00	0		
ELIZABETH AVELLAN 4900 OLD MANOR RD AUSTIN, TX 78723	DIRECTOR 2 00	0		
GREG SWINDELL 8843 N 63RD PL PARADISE VALLEY, AZ 85253	DIRECTOR 2 00	0		
SARAH SWINDELL 8843 N 63RD PL PARADISE VALLEY, AZ 85253	DIRECTOR 2 00	0		
EMILY ROBISON PO BOX 1383 MEDINA, TX 78055	DIRECTOR 2 00	0		
RUBEN ENRIQUES 14684 CADILLAC DR SAN ANTONIO, TX 78248	DIRECTOR 2 00	0		

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).</b>
93a	These funds are a portion of the costs per child for the
93a	RIDING PROGRAM THESE FUNDS ENABLE US TO OFFER QUALITY
93a	support and training to ensure each child receives
93a	therapeutic benefit from this program This program costs
93a	much more to run, but with the benefit of volunteers
93a	community support, parent involvement and educational
93a	resources we are able to offer it at a reduced cost
93b	This charge allows families to spend a great deal of time
93b	(1-3 hours) speaking to an educated resource staff
93b	member learning about various community, county, state and
93b	federal resources as well as our program, to ensure families
93b	are supported and any risk factors are identified



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
DR ANDREW WAKEFIELD 3001 BEE CAVES RD 120 AUSTIN, TX 78746	EXECUTIVE DIRECTOR 10 00	0		
ANISSA RYLAND 3001 BEE CAVES RD 120 AUSTIN, TX 78746	DIRECTOR OF OPERATIONS 40 00	140,481		
MAUREEN MOORE 9717 ANGELWYLDE DR AUSTIN, TX 78733	SECRETARY/TREASURER 5 00	0		

**TY 2007 Relationship Schedule****Name:** THOUGHTFUL HOUSE CENTER FOR CHILDREN**EIN:** 20-0802572

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
CHARLES E BALL	DIRECTOR	TROY LYN W BALL	DIRECTOR	HUSBAND AND WIFE
GREG SWINDELL	DIRECTOR	SARAH SWINDEL	DIRECTOR	HUSBAND AND WIFE