Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01/16 , and ending 06/30/17

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

C Name of organization: OUACHITA CHILDREN'S CENTER, INC.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 1180

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: HOT SPRINGS AR 71902

D Employer identification number: 71-0497616

E Telephone number: 501-623-5591

G Gross receipts $: 1,535,451

F Name and address of principal officer:
MARK HOWARD
339 CHARTEROAK STREET
HOT SPRINGS AR 71902

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

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

J Website: ▶ WWW.OCCNET.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1977

M State of legal domicile: AR

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE SHELTER, FOOD, COUNSELING, PSYCHOLOGICAL EVALUATIONS, DRUG AWARENESS PROGRAMS, AND AFTERCARE FOR YOUTH.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	55
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,279,409	1,377,600
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,495	20,247
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-22,743	115,101
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,279,161	1,512,948
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	972,197	1,015,633
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,793		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	434,167	449,485
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,406,364	1,465,118
	19 Revenue less expenses. Subtract line 18 from line 12	-127,203	47,830

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,996,979	1,997,173
	21 Total liabilities (Part X, line 26)	135,037	87,401
	22 Net assets or fund balances. Subtract line 21 from line 20	1,861,942	1,909,772

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 9-19-17

▶ MARK HOWARD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GARY D. WELCH		08/30/17		P00011716

Firm's name ▶ JORDAN, WOOSLEY, CRONE & KEATON — Firm's EIN ▶ 71-0465329

Firm's address ▶ PO BOX 909 HOT SPRINGS, AR 71902-0909 — Phone no. 501-624-5788

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