# Form **990**

## **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.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For th	ie 2017 calendar year, or tax year beginning	and ending	Va. v. 2	
В	Check i applica	C Name of organization		D Employer identi	fication number
	Addi	ge   KE:MIND			
	X Nam	ge Doing business as		76-	0206826
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final	7 1:0: BOX 27007			-600-1131
	term ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	1,259,449.
	Ame retur			H(a) Is this a group	return
	Appl tion	F Name and address of principal officer: UENNIFER SIRICH		for subordinate	es? Yes X No
_	pend	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		tempt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)	)(1) or 527	If "No," attach	a list. (see instructions)
-		tte: ► HTTPS: //WWW.REMINDSUPPORT.ORG/		H(c) Group exempti	on number 🕨
		forganization: X Corporation Trust Association Other	L Year	of formation: 2003	M State of legal domicile: ${ m TX}$
F	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: SEI	E SCHEDU	LE O	
Governance	2	Check this box  if the organization discontinued its operations or dis	sposed of more	than 25% of its net as	ssets.
ĝ	3			3	1 00
Č	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	0.0
ď	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10
/itio	6	Total number of volunteers (estimate if necessary)			40
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		72	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ď	8	Contributions and grants (Part VIII, line 1h)		1,139,569.	1,207,728.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	
ě,	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		884.	
<u>a</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<28,336.>	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	1,112,117.	1,176,218.
	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.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		652,346.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
XDe	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		524,877.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,177,223.	
	19	Revenue less expenses. Subtract line 18 from line 12		<65,106.>	<171,703.>
SOF	20 21 22		Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		578,254.	
et A	21	Total liabilities (Part X, line 26)		37,963.	
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20		540,291.	368,588.
Advisor	AND DESCRIPTION OF SHAPE		1.1		
		Ities of perjury, I/declare that I have examined this return, including accompanying sched			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (bther than officer) is based on all information o	t which preparer	nas any knowledge.	16/19
Sig	n	Signature of officer	· · · · · · · · · · · · · · · · · · ·	Date	14.10
Hei		RONALD P CUENOD, JR., TREASURER		Duto	
110	C	Type or print name and title			
		Print/Type preparer's name Preparer's signature	TC	Date Check	PTIN
Paid	d	KRISTEN SIMPSON KRISTEN SIMPSO	O N	4/08/18 if self-emplo	
	parer	Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN	72-1396621
	Only	Firm's address TWO RIVERWAY, 15TH FLOOR		THITSERV	
	•	HOUSTON, TX 77056		Phone no 71	3-621-8090
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		7 110110 110, 7 2	X Yes No

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G. Part III .......

# Form 990 (2017) RE: MIND Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Tes, complete ochequie i	20a		X
t	, and the second	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
<b>b</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
26	Schedule L, Part I	25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."		8	
				v
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	000		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Λ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer director to stee or key employee?	00-	NO. NE DE LA	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		A
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		21
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		21
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		21
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	OZ.		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 11
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	005		
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		_	000	

Form **990** (2017)

	rt V Statements Regarding Other IRS Filings and Tax Compliance		70-0200	020	P	age -
	Check if Schedule O contains a response or note to any line in this Part V					
					V	N-
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	64		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
·	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		10		
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	Salar Marian
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				1200	
За	Did the exemination have unrelated business made in a second 000 to 100			За	SI APRILIDADE	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?		500 (4040) 16 (0.1948) 17 (440) 404 (0.44)	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute			T		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pro	vided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as require	ed			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899	as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a	Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the	N/A			9 9
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:				87.5	
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	i .				
а	Gross income from members or shareholders N/A	11a			76	
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			77.75	
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	e O		14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent ..... 28 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? \_\_\_\_\_ X b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: TERESA HENDERSON & LAURIE GORDON - 713-600-1131 515 POST OAK BLVD, SUITE 650, HOUSTON,

#### Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

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

(A)  Name and Title	(B) Average hours per week	(do box	not c	Posi heck i	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOE GORCZYCA	1.00							_		
CHAIR ELECT		X		X				0.	0.	0.
(2) PEGGY ROE	1.00									
DIRECTOR		X		Х				0.	0.	0.
(3) SHELLEY BRACKEN	1.00								_	
DIRECTOR		X				<u> </u>		0.	0.	0.
(4) SHANA BURROW	1.00								3	
DIRECTOR		X				_		0.	0.	0.
(5) JAMES JENNINGS	1.00							3600		
DIRECTOR		X						0.	0.	0.
(6) PAM ERWIN	1.00									
DIRECTOR	1	X						0.	0.	0.
(7) MARJORIE BINTLIFF JOHNSON	1.00								() (a)	
DIRECTOR		X						0.	0.	0.
(8) EDMUND KNOLLE	1.00								-	
DIRECTOR		X						0.	0.	0.
(9) ASHLEY RANTON	1.00									
DIRECTOR		X						0.	0.	0.
(10) KATHLEEN ROGERS	1.00									
DIRECTOR		X						0.	0.	0.
(11) PHYLLIS SELBER	1.00									
PAST CHAIR		X						0.	0.	0.
(12) MARY KRISTEN VALENTINE	1.00								53850	
DIRECTOR		X						0.	0.	0.
(13) DAVID M. UNDERWOOD JR.	1.00									
DIRECTOR		X						0.	0.	0.
(14) DOROTHY WEBB	1.00								520000	
DIRECTOR		X						0.	0.	0.
(15) WALT PARMER	1.00								8	
DIRECTOR		X						0.	0.	0.
(16) REAGAN FIBBE	1.00									
SECRETARY		X						0.	0.	0.
(17) JOHN JEFFERS	1.00							200		
CHAIR		X						0.	0.	0.

732007 11-28-17

Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employee	s (continued)		
(A)	(B)				C)	_		(D)	(E)	1	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	E	Stimated
	hours per week		k, unle icer ar					compensation	compensation	a	mount of
	(list any	tor	Г	Г	Τ	Π	T	from the	from related organizations	cor	other npensation
	hours for	director				P		organization	(W-2/1099-MISC)		from the
	related	lee or	ustee			susate		(W-2/1099-MISC)	(** =		ganization
	organizations	trus	nal tru		oyee	ompe.				2000	nd related
	below line)	Individual	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizations
(18) DAVID KINDER	1.00	=	=	ō	황	主旨	윤			+-	
DIRECTOR		x						0.	0		0.
(19) PEGGY LANDRUM, PH.D.	1.00										
DIRECTOR		X						0.	0		0.
(20) JO ANN LEVERING	1.00								_		
DIRECTOR	1 00	X	-		_	-	_	0.	0		0.
(21) WALTER O'DONNELL DIRECTOR	1.00	37									
(22) CYNTHIA GUILL	1.00	X	-		-	$\vdash$		0.	0	-	0.
DIRECTOR	1.00	X						0.	0.		0.
(23) RONALD P. CUENOD JR.	2.00	11	$\vdash$			_		0.	0.	+	<u> </u>
TREASURER		X		х				0.	0 .		0.
(24) CLYDE BUCK	1.00									1	
DIRECTOR		X						0.	0 .	,	0.
(25) DON CONDON	1.00										
DIRECTOR	1 00	X						0.	0 .	4	0.
(26) DEJUANA JERNIGAN, MSW, LCPAA	1.00	3,							•	1	•
DIRECTOR		X			L	1		0.	0.		0.
1b Sub-total	/II Canking A							0.	0.		0.
c Total from continuation sheets to Part \								0.	0.		0.
d Total (add lines 1b and 1c)							O re				0.
compensation from the organization		.000		0 00	,,,,	,,	010	oorred more than \$100,	oco or reportable		0
											Yes No
3 Did the organization list any former office	r, director, or tru	ustee	e, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on	150	
line 1a? If "Yes," complete Schedule J for	such individual									3	X
4 For any individual listed on line 1a, is the	sum of reportabl	le co	mpe	nsa	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or											
rendered to the organization? // "Yes." co Section B. Independent Contractors	mplete Schedule	e J fo	or su	ch r	oers	on .				5	X
Complete this table for your five highest complete this table.	omponented inc	lono	ndor	at on	ntre	noto	o th	at received more than \$	100 000 of commons	-41 6	
the organization. Report compensation for										ation ire	om .
(A)	,			3				(B)	, a.,	(0	2)
Name and busines	s address	NC	ONE	3				Description of se	ervices		nsation
											MTIX.
							_				
	7.45						$\dashv$	*			
		-					+	,			
2 Total number of independent contractors		ot lim	nited	to t	_		ted a	above) who received mo	re than		
\$100,000 of compensation from the organ				n = -	0						
SEE PART VII, SECTIO	N A CONT	TN	UA'	T.T.	UN	S	HE]	ETS		Form !	990 (2017)

12070523 794202 94-01719.001

Form 990 RE:MIND Part VII Section A. Officers Directors To									76-020	6826
Part VII Section A. Officers, Directors, To (A)  Name and title	(B) Average hours			(Pos	nd F C) ition that	i,		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) EVELYN JEWELL DIRECTOR	1.00	X						0.	0.	0 .
(28) MARY CATHERINE SHARMAN	1.00	х						0.	0.	
(29) DELIA STROUD	1.00									0.
DIRECTOR		X						0.	0.	0.
	-									
										<del></del>
								-		
-										
						-	_			
		-								
otal to Part VII, Section A, line 1c							$\dashv$			

		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII	····		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
9 0	1:	a Federated campaigns	1a					312 314
aut		Membership dues						
ي ق		Fundraising events		274,379.				
Contributions, Gifts, Grants		d Related organizations						
% E		Government grants (contribution						
Ö	1	All other contributions, gifts, grants	s, and					
Part Part		similar amounts not included above	e 1f	933,349.				
E O		Noncash contributions included in lines 1a	a-1f: \$					
0 6	ı	Total. Add lines 1a-1f			1,207,728.			
				<b>Business Code</b>				
9	2 8	a						
<u> </u>	l t	·						
S	(		*					
ran Sev	•	1						
Program Service Revenue	•		(A)					
۵		All other program service reven						
	0.00	Total. Add lines 2a-2f						
	3	Investment income (including d			400			400
		other similar amounts)			490.			490.
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	0 8	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Securities					
	, ,	assets other than inventory	(I) Securities	(ii) Other				
		Less: cost or other basis			TANK STREET			
		and sales expenses						
		Gain or (loss)						
		ALL THE MERCH THE CANADA CONTRACTOR OF THE		•				
_		Gross income from fundraising			Section 1			
nue		including \$ 274,37						
e ve		contributions reported on line 1						
Œ.		Part IV, line 18	C-10-10	51,231.				
Other Revenu	b	Less: direct expenses		83,231.				
0	c	Net income or (loss) from fundra	aising events	<u></u>	<32,000.>			<32,000.>
	9 a	Gross income from gaming acti	ivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
		Net income or (loss) from gamir		<b></b>				
	10 a	Gross sales of inventory, less re						
- 1		and allowances						
1		Less: cost of goods sold						
-	С	Net income or (loss) from sales		7				
}		Miscellaneous Revenue		Business Code				
	11 a		<del>//// // // // // // // // // // // // /</del>					
	b							
	C			<b> </b>				
	d	All other revenue						
	12	Total. Add lines 11a-11d  Total revenue. See instructions.			1 176 218	0.	0	<31,510.>
	14	TOTAL TOTOLINE. OUG HISH BULIUMS.			_ / _ , 0 , 2 _ 0 .	0.1	V •	1/27/2100>

# Form 990 (2017) RE : MIND Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			And the second	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	İ			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	658,257.	525,074.	16,110.	117,073
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,986.	11,954.	367.	2,665
9	Other employee benefits	68,241.	54,434.	1,670.	12,137
0	Payroll taxes	50,272.	40,101.	1,230.	8,941
1	Fees for services (non-employees):				
a	Management				
b	Legal				
	Accounting	91,767.	78,009.	9,172.	4,586
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion				
3	Office expenses	49,663.	39,770.	5,247.	4,646
4	Information technology	16,353.	13,554.	662.	2,137
5	Royalties				- Party Constant Cons
6	Occupancy	77,475.	65,931.	7,694.	3,850
7	Travel	4,639.	3,870.	624.	145
В	Payments of travel or entertainment expenses	^			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,477.	2,971.	331.	175
3	Insurance	6,925.	5,995.	577.	353
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PROGRAM ACTIVITIES	289,992.	289,208.	416.	368
b	FUNDRAISING	8,651.	129.		8,522
С	BUSINESS EXPENSES	6,055.	5,088.	424.	543
d	PAYROLL PROCESSING	1,168.	931.	29.	208
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,347,921.	1,137,019.	44,553.	166,349
i	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	511,898.	1	311,028.
	2	Savings and temporary cash investments	5.	2	50,011.
	3	Pledges and grants receivable, net	5,164.	3	56,910.
	4	Accounts receivable, net	12,006.	4	6,975.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	8-5
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,034.	9	10,869.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 44,95			
	b	Less: accumulated depreciation 10b 37,52		10c	7,434.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	19,036.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	462,263.
	17	Accounts payable and accrued expenses		17	93,675.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
jab		Complete Part II of Schedule L		22	
٦	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	37,963.	26	93,675.
		Organizations that follow SFAS 117 (ASC 958), check here	d		
es		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	278,774.
Bal	28	Temporarily restricted net assets	35,116.	28	89,814.
Pu	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
-	33	Total net assets or fund balances	540,291.	33	368,588.
	34	Total liabilities and net assets/fund balances	578,254.	34	462,263.

Form 990 (2017)

Pa	rt XI Reconciliation of Net Assets		0200020	10	ige :=
	Check if Schedule O contains a response or note to any line in this Part XI				
20					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,17	6,2	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,34	7,9	21.
3	Revenue less expenses. Subtract line 2 from line 1	3	<171		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	0,2	91.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		1,310	
7	Investment expenses	7			
8	Prior period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	36	8,5	88.
Pa	rt XII Financial Statements and Reporting		SAN		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.	100	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher			75	3105
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audi	t	333	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
na e de la companya d			Form	990	(2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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

Inspection

Name of the organization Employer identification number RE:MIND 76-0206826 Part I 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) R 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: 10 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing documen (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		\				
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1172707.	1358763.	1236792.	1139569.	1207728.	6115559.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1172707.	1358763.	1236792.	1139569.	1207728.	6115559.
5	The portion of total contributions						
	by each person (other than a		327				
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	Action 1					
	column (f)		(A)				772,420.
	Public support. Subtract line 5 from line 4.						5343139.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1172707.	1358763.	1236792.	1139569.	1207728.	6115559.
8	Gross income from interest,			*			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,063.	13,283.	16,426.	884.	490.	37,146.
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.)						
	Total support. Add lines 7 through 10		70 10 10 10 10 10 10 10 10 10 10 10 10 10				6152705.
	Gross receipts from related activities,					12	4,462.
13	First five years. If the Form 990 is for		first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	c Support Per	centage				
							06.04
	Public support percentage for 2017 (li					14	86.84 %
	Public support percentage from 2016					15	85.57 %
102	33 1/3% support test - 2017. If the c stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the o				line 15 in 20 1/00/		
D	and stop here. The organization quali			240.00			
17s	V199000000 199 20 19-1 199 20 19-1 199 20 199 199 199 199 199 199 199 199 199 19	0.0000000000000000000000000000000000000			12 160 or 16b o		
	10% -facts-and-circumstances test						
	and if the organization meets the "fact					The second secon	The state of the s
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						∪% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	i dia noi check a c	DOX UITHINE 13, 168	, 100, 1/a, or 1/b.			
					Sche	dule A (Form 990	or 990-EZ) 2017

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						3
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf					<del> </del>	
5	The value of services or facilities				*	4	
	furnished by a governmental unit to		-				1
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			dia de constitui			
	ction 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						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
_					-	<del> </del>	
11	Add lines 10a and 10b  Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is					1	
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
	tion C. Computation of Publi					T T	
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	<u>%</u>
	tion D. Computation of Inves						
17	Investment income percentage for 20	)17 (line 10c, colun	nn (f) divided by lir	e 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly	supported organiza	ation	▶□
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	<b>&gt;</b>

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### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
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990 or 990	-EZ) 2	2017

Pa	art IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
		***************************************	Yes	No
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 organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization.			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	ACEPHO NAS	Marian Control
2	Did the organization operate for the benefit of any supported organization other than the supported			
(ATS)	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	•		
Sec	ction C. Type II Supporting Organizations	2		
	violi of Type ii cupporting organizations	-		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). ction D. All Type III Supporting Organizations	1		
360	Lion D. All Type III Supporting Organizations		- 1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		The same of the sa
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			September 1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	5233		
400 500	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in l	Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must			,
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1 Ne	t short-term capital gain	1		
_2 Re	coveries of prior-year distributions	2		
3 Oth	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3	4		
5 De	preciation and depletion	5		
<b>6</b> Po	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
_8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see	9,886		
inst	tructions for short tax year or assets held for part of year):			
8	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
c Fair	r market value of other non-exempt-use assets	1c		
	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other		DATE TO SECURITION OF A SECURI	
	tors (explain in detail in Part VI):			
	quisition indebtedness applicable to non-exempt-use assets	2		
	otract line 2 from line 1d	3		
9200	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	instructions)	4		
	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Itiply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, Column A)	1 1		
	er 85% of line 1	2		
3 Min	imum asset amount for prior year (from Section B, line 8, Column A)	3		
	er greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	1000	Type III supporting orga	nization (see
	instructions).	, ,	,,, supporting orga	

Section D - Distributions  Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to be perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purposes of supported organizations.  Amounts paid to acquire exemptuse assets  Amounts paid to acquire exemptuse assets  Cutified set asside amounts (prior IRS approval required)  Cuther distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Bistributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  In Distribution and the paid of the	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  Administrative expenses paid to accounce from activity  Amounts paid to acquire exempt use assets  Gualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.  Total annual distributions (Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide detalis in Part VI). See instructions to which the organization is responsive (provide detalis in Part VI). See instructions to which the organization is responsive (provide detalis in Part VI). See instructions to which the organization is responsive (provide detalis in Part VI). See instructions to which the organization is responsive (provide detalis in Part VI). See instructions  Distributable amount for 2017 from Section C, line 6  Underdistributions Allocations (see instructions)  Excess Distributions  Pre-2017  Interpretation of the pre-2017 from Section C, line 6  Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2017  The prom 2013  From 2013  From 2014  From 2015  From 2016  Total of lines 3a through e  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to Underdistributions of prior years  Applied to 2017 distributable amount  Carryover from 2012 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2017 from Section D, line 7:  A Penainder Subtract lines 3g, 3h, and 3i from 3f.  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.	Year
organizations, in excess of income from activity  3. Administrative expenses paid to accomplish exempt purposes of supported organizations  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 amual distributions. Add lines 1 through 6.  8. Distributions to attentive supported organizations to which the organization is responsive (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  (i) Excess Distributions  Fixes Distributions  1. Distributable amount for 2017 from Section C, line 6  2. Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions.  3. Excess distributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions.  4. From 2013  5. From 2014  6. From 2015  6. From 2016  7. Total of lines 3a through e  9. Applied to underdistributions of prior years  10. Applied to 2017 distributable amount  11. Carryover from 2012 not applied (see instructions)  12. Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4. Distributions for 2017 from Section D, line 7:  13. See applied to underdistributions of prior years  14. Applied to 2017 distributable amount  15. Remainder. Subtract lines 3g, 3h, and 3i from 3f.  16. Remaining underdistributions of years prior to 2017, if any, Subtract lines 3g, and 4a from line 1. For result greater than zero, explain in Part VI. See instructions.	
Administrative expenses paid to accomplish exempt purposes of supported organizations  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 the organization is responsive (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  10. Excess Distributions  11. Distributable amount for 2017 from Section C, line 6  12. Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions.  3. Excess distributions carryover, if any, to 2017  a. Excess distributions of prior years  b. From 2013  c. From 2014  d. From 2015  e. From 2016  1. Total of lines 3a through e. g. Applied to underdistributions of prior years  b. Applied to 2017 distributable amount  1. Carryover from 2012 not applied (see instructions)  1. Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4. Distributions for 2017 from Section D.  1. line 7:  2. S. a. Applied to underdistributions of prior years  b. Applied to 2017 distributable amount  c. Remaining underdistributions of ryears prior to 2017, if  any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  6. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
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9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount  (i) Excess Distributions  (ii) Underdistributions  Pre-2017 Distributions (see instructions)  1 Distributable amount for 2017 from Section C, line 6 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017  a	
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Section E - Distribution Allocations (see instructions)  (i) Excess Distributions  (ii) Underdistributions  Distributable amount for 2017 from Section C, line 6  2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.  3 Excess distributions carryover, if any, to 2017  a  b From 2013  c From 2014  d From 2015  e From 2016  f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) J Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2017 from Section D, line 7: a Applied to 2017 distributable amount c Remaining underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 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.  6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
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3 Excess distributions carryover, if any, to 2017 a b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  4 Distributions for 2017 from Section D, line 7: \$ a Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4.  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.  6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
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and 4b from line 1. For result greater than zero, explain in  Part VI. See instructions.	
Part VI. See instructions.	
7 Excess distributions carryover to 2018. Add lines 3i	
and 4c.	
8 Breakdown of line 7:	30.000
a Excess from 2013	
b Excess from 2014	
c Excess from 2015	
d Excess from 2016	
e Excess from 2017	

Schedule A (Form 990 or 990-EZ) 2017

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

RE:MIND 76-0206826 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h: or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

RE:MIND

76-0206826

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  THE HAMILL FOUNDATION  1160 DAIRY ASHFORD, SUITE 250  HOUSTON, TX 77079-3014	* 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
2	JOHN S. DUNN FOUNDATION  3355 WEST ALABAMA, SUITE 990  HOUSTON, TX 77098-1718	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GREATER HOUSTON COMMUNITY FOUNDATION  5120 WOODWAY DRIVE, SUITE, 6000  HOUSTON, TX 77056	\$93,555.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE HENDERSON-WESSENDORFF FOUNDATION 611 MORTON STREET RICHMOND, TX 77469	\$65,750.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CULLEN TRUST FOR HEALTH CARE  2727 ALLEN PKWY, SUITE 1000  HOUSTON, TX 77019	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE GEORGE FOUNDATION  310 MORTON STREET, PMB SUITE C  RICHMOND, TX 77469	\$33,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RE: MIND

76-0206826

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FRIENDS OF DREW WEBB, THE  6348 MERCER ST.  HOUSTON, TX 77005	\$30,744.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	BROWN FOUNDATION, INC., THE P.O. BOX 130646 HOUSTON, TX 77219-0646	\$30,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RUTH JONES MACDONALD CHARITABLE TRUST  770 SOUTH POST OAK LANE, SUITE 630  HOUSTON, TX 77056	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN M. O'QUINN FOUNDATION  POST OFFICE BOX 27501  HOUSTON, TX 77027	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11	WAYNE DUDDLESTEN FOUNDATION  2600 S GESSNER RD, SUITE 111  HOUSTON, TX 77063	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution  Person Payroll Noncash
			(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RE: MIND

76-0206826

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - \$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<b>\$</b>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		- - - - \$		

Name of org	ganization		Employer identification number			
RE:MI	ND		76-0206826			
Part III	Exclusively religious charitable etc. co	ntributions to organizations describe	od in section 501/cV/7) (8) or (10) that total more than \$1,000 for			
Population	the year from any one contributor. Complet completing Part III, enter the total of exclusively religion	e columns (a) inrough (e) and the follows, charitable, etc., contributions of \$1,000	IIOWING line entry. For organizations or less for the year. (Enter this info. once.)			
(a) Nia	Use duplicate copies of Part III if addition	nal space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
		(e) Transfer of g	grit			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
æ						
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
		(e) Transfer of g	jift			
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
<u> </u>		(e) Transfer of gi	ift			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	and 7IP ± 4	Polationship of transferor to transferor			
Γ.		The shall I T	Relationship of transferor to transferee			
-						
-						
23454 11-01-17	7		Schedule B /Form 000 000.E7 or 000 DE) (0047)			

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number RE:MIND 76-0206826

Pa	rt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri		The state of the s
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	conferring
	impermissible private benefit?		
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		HO SO
b			
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and enforcing appearant	ion accomente during the user
7	\$	g of violations, and emorcing conserva-	ion easements during the year
8	Does each conservation easement reported on line 2(d) above s	ection, the requirements of section 1700	NAVENG)
0			production of the contract of
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation		
J	include, if applicable, the text of the footnote to the organization		
	conservation easements.	13 mancial statements that describes t	The organization's accounting for
Pai	rt III Organizations Maintaining Collections of A	rt. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ent and balance sheet works of art
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		ice of public convice, provide, in a arrivin,
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	,	and the state of t
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu		
_	the following amounts required to be reported under SFAS 116		g, p. c
а	Revenue included on Form 990, Part VIII, line 1	The state of the s	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

	edule D (Form 990) 2017 RE: MIND rt III Organizations Maintaining C		t. Historical Tr	easures, or	Other !	Simila	76-02	0682	6 F	age 2
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that a	re a sinn	ificant	ise of its o	ollection	nuea) item	
	(check all that apply):		,	remerning triat o	are a digi	mount	100 01 113 0	Olicetion	i itoria	3
а		c	Loan or ex	change progran	ns					
b	Scholarly research	6								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	's exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other	similar a	ssets		5,00,000		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?	• • • • • • • • • • • • • • • • • • • •			Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "Y	es" on F	orm 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							и	
1a	Is the organization an agent, trustee, custod									
	on Form 990, Part X?						$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	it	
С	Beginning balance				• • • • • • • • • • • • • • • • • • • •	1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
1	Ending balance					1f		<del></del>		
	Did the organization include an amount on F					?	L	Yes	⊨	_  No
Pai	If "Yes," explain the arrangement in Part XIII.  rt V Endowment Funds. Complete	if the organization on	planation has been	provided on Pa	art XIII					
	and the complete					5001				
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years			years back	(e) Foul	r years	back
b			101,	399,			51,000.		500	,000.
C	Contributions				407.		43,395.			,985.
d	Grants or scholarships			13,	407.		43,333.		,	,303.
	Other expenditures for facilities			<del> </del>						
	and programs		404	1,142,	383					
- 1	Administrative expenses			1,112,	303.					
g	End of year balance				404.	7	28,380.		533	985.
2	Provide the estimated percentage of the curr	rent year end halance	e (line 1a, column (s		1011		20,500.		555,	
а	Board designated or quasi-endowment	150	%	y) rield as.						
b	Permanent endowment	%								
C	Temporarily restricted endowment	-								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		tion that are held a	nd administered	for the	oroaniza	ation			
	by:					- 3		. [	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, F	art X, lin	e 10.				
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Acc	umulate	d	(d) Bool	k valu	e
		basis (investn	nent) basis	(other)	depre	ciation				
	Land						2 (1)			
b	Buildings									
C	Leasehold improvements			5,772.			9.		5,3	
	Equipment		3	9,183.	3	7,11	12.		2,0'	71.
	Other									
Total.	Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line 1	Oc.)	40 2517			,	7,4:	34.

Schedule D (Form 990) 2017

(b) Book value	11b. See Form 990, Part X, lir (c) Method of valuation:	Cost or end-of-year market value
(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
		W.W. 181
		· · · · · · · · · · · · · · · · · · ·
	11d. See Form 990, Part X, lin	te 15. (b) Book value
15.)		<b>&gt;</b>
n Form 990. Part IV. line	11e or 11f. See Form 990. Par	t X line 25
11 0111 000,1 01111,11110		( ), iii
	A Secretary	
25.)		
	n Form 990, Part IV, line (b) Book value  n Form 990, Part IV, line escription	n Form 990, Part IV, line 11c. See Form 990, Part X, lin (b) Book value (c) Method of valuation:

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ENDOWMENT FUND WAS DESIGNATED BY THE BOARD TO FINANCE, SUSTAIN AND EXPAND THE OPERATIONS OF RE:MIND WITH AN INVESTMENT EMPHASIS ON LONG-TERM GROWTH OF PRINCIPAL WHILE MANAGING RISK.

#### PART X, LINE 2:

RE:MIND IS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, RE:MIND WAS GRANTED INDIVIDUAL RULINGS UNDER THE SAME SECTION AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE AND, AS SUCH, QUALIFY AS A CHARITABLE DEDUCTION FOR AMOUNTS CONTRIBUTED BY INDIVIDUAL DONORS.

732054 10-09-17

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 RE: MIND	76-0206826 Page 5
Part XIII Supplemental Information (continued)	
THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN	
LIKELY THAN NOT, THAT SUCH AN ASSET OR A LIABILITY WILL BE R	EALIZED. AS OF
DECEMBER 31, 2017, MANAGEMENT BELIEVES THERE WERE NO UNCERTA	IN TAX
POSITIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	32,000.
IN-KIND: PROFESSIONAL FEES & SERVICES	470,939.
IN KIND - GOODS & SERVICES: VOLUNTEER FACILITATORS	22,400.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	525,339.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSES	32,000.
IN-KIND: PROFESSIONAL FEES & SERVICES	470,939.
IN KIND - GOODS & SERVICES: VOLUNTEER FACILITATORS	22,400.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	525,339.
	P. Committee of the com

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number RE:MIND 76-0206826 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) fundraiser from activity or control of organization contributions listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2017

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through LUNCHEON col. (c)) (event type) (event type) (total number) 325,610. 1 Gross receipts 325,610. 2 Less: Contributions 274,379. 274,379. 51,231. 3 Gross income (line 1 minus line 2) 51,231. 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 83,231. Other direct expenses 83,231. 83,231. 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) <32,000.> Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses % Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ..... Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: 732082 09-13-17 Schedule G (Form 990 or 990-EZ) 2017

Sch		-020682	6 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		-
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[100]	
•	2 me and and and and person me property and organization organization of garming operation of the books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
·	Tos, offer harre and address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Ves	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		140
	organization's own exempt activities during the tax year > \$		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	l lines 9 9h 1	0h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1, 111165 5, 50, 11	00, 130,
	100) 10, and 172, as approase. Also provide any additional information. Oce monations.		
32083	09-13-17 Schedule G (F	orm 990 or 900	0-E7\ 2047
401/2012/17/2013	Schedule d [F	0.111 000 01 00(	J-144) &U 1/

Schedule G (Form 990 or 990-EZ) RE: MIND	76-0206826 Page 4
Schedule G (Form 990 or 990-EZ) RE: MIND  Part IV Supplemental Information (continued)	
	T T T T T T T T T T T T T T T T T T T
	-
	-

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-FZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017
Open to Public Inspection

Name of the organization

RE:MIND

Employer identification number 76-0206826

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RE:MIND PROVIDES FREE AND CONFIDENTIAL SUPPORT GROUPS FOR INDIVIDUALS

LIVING WITH, OR FAMILY AND FRIENDS AFFECTED BY, DEPRESSION AND BIPOLAR

DISORDERS.

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

PRESIDENT AND CEO, AUDIT COMMITTEE, AND BOARD ARE SENT AN ELECTRONIC COPY
OF THE FORM 990 TO REVIEW BEFORE FILING.

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

DISCLOSURE FORMS SIGNED BY NEW BOARD MEMBERS DURING ORIENTATION; DISCLOSURE FORMS PROVIDED TO EXISTING BOARD MEMBERS TO SIGN DURING BOARD MEETINGS AND BY MAIL; DISCLOSURE FORMS PROVIDED TO EMPLOYEES TO SIGN IN THE ADMINISTRATIVE OFFICE. BOARD MEMBERS AND EMPLOYEES SELF-REPORT.

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

THE COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED ANNUALLY BY THE BOARD CHAIR, CHAIR-ELECT, AND TREASURER, UTILIZING PERFORMANCE ASSESSMENTS, AND ANALYTICAL REVIEW OF SALARY DATA FOR SIMILARLY QUALIFIED PEOPLE IN FUNCTIONALLY COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS. PROCESS FOR DETERMINING KEY EMPLOYEE COMPENSATION - COMPENSATION FOR KEY EMPLOYEES IS THE PRESIDENT & CEO'S RESPONSIBILITY AND IS DETERMINED BY UTILIZING PERFORMANCE ASSESSMENTS, AND ANALYTICAL REVIEW OF COMPARABLE SALARY SURVEYS WHICH IS ALSO CONTEMPORANEOUSLY SUBSTANTIATED.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  RE:MIND	Employer identification number 76-0206826
ALL REQUIRED PUBLIC DOCUMENTS INCLUDING, BUT NOT LIMITED T	O, FORM 990,
FINANCIAL STATEMENTS, AND ORGANIZATIONAL DOCUMENTS ARE AVA	ILABLE UPON
REQUEST DURING NORMAL BUSINESS HOURS. SOME OF THESE DOCUME	NTS ARE ALSO
AVAILABLE ONLINE THROUGH RE:MIND WEBSITE, THE GUIDESTAR WE	BSITE
(WWW.GUIDESTAR.ORG), AND THE CHARITY NAVIGATOR WEBSITE	
(WWW.CHARITYNAVIGATOR.ORG).	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2017

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number 76-0206826

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. RE:MIND

(a)	(p)	(0)	(p)	(e)		(t)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	e End-of-year assets		Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	rtions. Complete if the organization ar	if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, bed	cause it had one or	more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
				((s)(a))		Yes No
THE GARY L. LEVERING ENDOWMENT CORPORATION - 47-4369956, 515 POST OAK BLVD, STE 650, HOUSTON, TX 77027	MANAGE AND INVEST FUNDS ON BEHALF OF RE:MIND	IEXAS	501(C)(3) E.	LINE 12B, II		×

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

Schedule R (Form 990) 2017

Page 2

hip. Complete if the organization answered "Yes" on Form 9	Schedule R (Form 990) 2017 RE: MIND 76 – 0 2 0 6 8 2 6  Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	76-0206826	90, Part IV, line 34, because it had one or more related
1 (0	RE:MIND		ship. Complete if the organization answered "Yes" on Form 5

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(j) (k) General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	janizations Taxable a	s a Corpo	ration or Trust. Co	or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	on answered "Yes	" on Form 990, Pe	art IV, line 34,	because it had or	ne or mo	re related

(6)	3	10)	47	(2)	9		100		1
(a)	(a)	5	(a)	(a)	E		Ē	Ξ,	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign or funst)	Type of entity (C corp, S corp, or fust)	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	1
		country)		or stady				Yes No	
									ı
									1
									1
									ľ
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Schedule R (Form 990) 2017

Page 3

Schedule R (Form 990) 2017 RE: MIND

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II III or IV of this school de				;	;
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	Yes	Q N
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α			1a	×
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				9	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)				19	×
e Loans or loan guarantees by related organization(s)				4	×
f Dividends from related organization(s)				+	×
_				- 2	: ×
Purchase of assets from related organization(s)				<u> </u>	4 >
				4 :	4   5
LACHARIGO OF ASSETS WITH FORCE OF OR DESCRIPTION (S)				<b>=</b>	4
J Lease of facilities, equipment, or other assets to related organization(s)				ij	×
					<b>&gt;</b>
R Lease of lacinities, equipment, or other assets from related organization(s)				¥	4
Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			-t	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				T ot	
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				19	×
r Other transfer of cash or property to related organization(s)				+	×
(s)				- St	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete th	is line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
1) THE GARY I. LEVERING ENDOWMENT CORPORATION		108 3	TITLE OF THE THE THE THE TANK	100	.
		-	VALUE OF ADMINISTRALLYE	SERVICES	ام
(2)					
(3)					
(4)					
(5)					
(9)					
32163 09-11-17			Schedule R	Schedule R (Form 990) 2017	1017

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Schedule R (Form 990) 2017 RE: MIND

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

177			0 0 0							
(a)	(a)	(i)	(G)	Are all		(6)	Ξ	€	9	8
Name, address, and Ein of entity	Frimary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax und sections 512-514)	partners sec. 501 (c) (3) (er orgs.?	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage libraries of Schedule K-I partner? ownership Com 1065	General or managing partner?	Percentage ownership
							081	(2001)	I GS INC	
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		300								
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Schedule R (Form 990) 2017