Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Open to Public Inspection

	01 111	IC 202	T calefidat year, or tax year beginning		and endi	iig	B. E!			
B c	heck if ap	oplicable:	C Name of organization	~			D Employer ide	entifica	ition number	
	Addre	ess	ADVOCATES FOR BARTOW'S CHILDREN, IN	<u>C.</u>			FO 1 FO			
	chang	ge	Doing Business As Number and street (or P.O. box if mail is not delivered to street addr	000)	Da ana/auita		58-1505 E Telephone n			
	+	change	l '	2 55)	Room/suite					
_	Initial	return	PO BOX 446			(770)3	3.7 – 1	.143		
	Termi		City or town, state or province, country, and ZIP or foreign postal co	ae						
	Amen	n	CARTERSVILLE, GA 30120	G Gross receip		5,208	$\overline{}$			
	Applic pendi		F Name and address of principal officer: RACHEL CAST	ILLO			H(a) Is this a grown subordinates		Yes Yes	X No
			PO BOX 446, CARTERSVILLE, GA 30120				H(b) Are all subord	inates incl	luded? Yes	No
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 52	27	If "No," attac	:h a list.	(see instructions)	
_			WWW.ADVOCHILD.ORG				H(c) Group exem	otion nur	mber >	
K	Form (of organ	nization: X Corporation Trust Association Other	<u> </u>	L Year o	of format	tion: 1983 M	State o	of legal domicile:	GA
P	art I	Sui	mmary							
	1	Briefly	y describe the organization's mission or most significant activiti	es: OFFE	R SERVIC	ES A	ND PROGRAI	√IS F	OR CHILDR	EN,
e		YOU	TH AND FAMILIES TO PREVENT CHILD ABUS	E; AND T	O HELP I	HOSE	WHO ARE			
Governance		ALRI	EADY ITS VICTIMS, INCLUDING PROVIDING	SHELTER	AND SUP	PORT	•			
Veri	2	Check	k this box 🕨 🔃 if the organization discontinued its operation	ons or dispos	ed of more th	an 25%	of its net asset	3.		
Ô	3	Numb	per of voting members of the governing body (Part VI, line 1a)					3		17
∞ ∞	4	Numb	per of independent voting members of the governing body (Par					4		 17
Activities &	5		number of individuals employed in calendar year 2021 (Part V					5		58
ŧΞ	6		number of volunteers (estimate if necessary)					6		220
Ac			unrelated business revenue from Part VIII, column (C), line 12					7a		
			nrelated business taxable income from Form 990-T, line 34					7b		
_		1101 41	iniciated bacimede taxable inicianie ficini con 1, iiio c 1				Prior Year		Current Ye	ar
Revenue	8	Contri	ibutions and grants (Part VIII, line 1h)				2,381,71	7	4,816	
	9		am service revenue (Part VIII, line 2g)	PY FOR			ONE	1,010	NONE	
	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		NSPECTION		19,6		1./	$\frac{10001}{607}$
Re	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11							
							-14,10		4,780	<u>, 119 .</u>
	12		revenue - add lines 8 through 11 (must equal Part VIII, column				2,387,22		4,780	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)					ONE		NONE
			fits paid to or for members (Part IX, column (A), line 4)					ONE	1 (50	NONE
ses			es, other compensation, employee benefits (Part IX, column (A				1,465,47		1,679	
Expenses			ssional fundraising fees (Part IX, column (A), line 11e)				N	ONE		NONE
ΑX	b		fundraising expenses (Part IX, column (D), line 25) ▶					_		
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				716,49	_	1,039	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line				2,181,96	9.	2,719	<u>,434.</u>
	19	Rever	nue less expenses. Subtract line 18 from line 12				205,25	٦.	2,060	
Net Assets or Fund Balances						Begin	ning of Current	'ear	End of Yea	r
set	20	Total	assets (Part X, line 16)				1,589,76	58.	4,693	<u>,738.</u>
t As	21	Total I	liabilities (Part X, line 26)				63,9	55.	1,086	,277.
		Net as	ssets or fund balances. Subtract line 21 from line 20				1,525,80	13.	3,607	,461.
Pa	rt II	Sig	gnature Block							
Une	der per	nalties o	of perjury, I declare that I have examined this return, including accom- complete. Declaration of preparer (other than officer) is based on all inf	panying sched	lules and state	ments, a	and to the best of	my kr	nowledge and be	lief, it is
Tiut	s, corre	li, and	complete. Declaration of preparer (other than officer) is based on all in	offiation of wil	iicii preparei iia	as ally Ki	l l l l l l l l l l l l l l l l l l l			
٠.							05/3	16/2	022	
Sig			Signature of officer				Date			
He	re		RACHEL CASTILLO	PR	ESIDENT/	CEO				
			Type or print name and title	^						
		Print/	Type preparer's name Preparer's signature		Date		Check	if P1	TIN	
Paid			Selve of	mana	$\frac{1}{05/16}$	5/202	2 self-employ	ed F	01372980	
	parer	Firm's	s name ► SMITH & HOWARD, P.C.		, , , ,		Firm's EIN		-1250486	
use	Only		s address > 271 17TH STREET, NW SUITE 1600 ATLANTA,	GA 30363			Phone no.		4-874-624	4
May	the I		cuss this return with the preparer shown above? (see instruction						X Yes	No
			Reduction Act Notice, see the separate instructions.						Form 990	

Form 990 (2021) Page **2**

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: STRENGTHENING OUR COMMUNITY THROUGH EDUCATION, ADVOCACY, AND	
	PREVENTION, EMPOWERING FAMILIES TO BE FREE OF CHILD ABUSE.	
		res X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	measured by
4a	(Code:)(Expenses \$2,229,353. including grants of \$)(Revenue \$) HELP ABUSED, ABANDONED, NEGLECTED AND OTHER AT RISK CHILDREN AND THEIR FAMILIES BY PROVIDING A WIDE CONTINUUM OF SUPPORT AND PREVENTION. THIS INCLUDES SHELTER, COUNSELING, EDUCATION, PARENTING SUPERVISION, PLACEMENT IN FOSTER HOME OR OTHER LIVING SITUATIONS, AND COMMUNITY AWARENESS.)
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	

4e Total program service expenses ▶

2.229.353

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	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	3		Х
4	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	4		Х
5	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	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	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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	11b		Х
С	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.	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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	15		Х
16	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	16		Х
17	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. See instructions	17		Х
18	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	18	X	
19	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	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		ı X

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Part	Checklist of Required Schedules (continued)			
			Yes	No
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		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			21
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		X
28	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Λ
C	"Yes," complete Schedule L, Part IV	28c		Х
20		29		Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		3.7
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	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 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? If "Yes," complete Schedule R, Part V, line 2.	36		X
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dors	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	. No
1 9	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26			143
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	repertable gamming (gamming) withings to prize withers: , , , , , , , , , , , , , , , , , , ,		27	<u> </u>

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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 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 transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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 services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand	4.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 5		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069	-		

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Part VI Gov

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 <u>1a</u> <u>17</u>			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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 on Schedule O	9	,	<u>X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	. <i>)</i> Yes	No
		40-	162	
	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,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	1 7 / 5	128		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	17	71	
15	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	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
·ou	with a taxable entity during the year?	16a		Х
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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	`		` '
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.		·	= '
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s >		
	DEBORAH PARMENTER 49 MONROE CROSSING CARTERSVILLE, GA 30120			

770-387-1143

58-1505825 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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. See the instructions for the order in which to list the persons above.

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 (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ф			ated				
(1) RACHEL CASTILLO PRESIDENT & CEO (2) CHARLIE CULVERHOUSE	40.00 NONE 5.00	Х		Х				121,264.	NONE	3,638.
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(3) MARC FEUERBACH	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(4) TYRA GINGER	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(5) LEANNE GOCHEE	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(6) HANNAH HART	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(7) NICOLE HUGHES	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(8) LARA JEANNERET	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(9) CHASE JONES	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(10) BARRY JUSTUS	5.00									
TREASURER	NONE	X		Х				NONE	NONE	NONE
(11) JUD MCGIVAREN	5.00									
CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(12) DARNICE MOSS	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) GLEN MERRITT	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) PATRICK NELSON	5.00									
CHAIRMAN ELECT	NONE	X		Χ				NONE	NONE	NONE

Form **990** (2021)

Form 990 (2021)

50	1303023		
		_	

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	ees (c	ontinue	ed)	-3
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than o is both or/truste	an	(D) Reportable compensation from the	(E) Reporta compensatio related	on from d	am	(F) stimated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	om the anization drelated anization	n I
15) NANCY NEWMAN	5.00												
EMERITUS 160 COMED DATE:	NONE	X		Х				NONE		NONE		1	NONE
16) SAMIR PATEL	5.00	- ,,						NONE		NONTE		,	
BOARD MEMBER	NONE	X						NONE		NONE			NONE
17) LORA WARNER	5.00							NONE		NIONIE		1	NTONTE
BOARD MEMBER 18) ERIKA WYANT	5.00	X						NONE		NONE			NONE
SECRETARY	NONE	X		Х				NONE		NONE		7	NONE
19) DREW STARTUP	5.00			Λ				NONE		NONE			NOINE
BOARD MEMBER	NONE	X						NONE		NONE		ז	NONE
								110112		1101112			
1b Sub-total							▶	121,264.		NONE		3,6	638.
c Total from continuation sheets to Part VII, S							\blacktriangleright	NONE		NONE		1	NONE
d Total (add lines 1b and 1c)							>	121,264.		NONE		3,6	638.
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 d	of			
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the organization and related organizations groups	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu	sation from	the such			
individual	accrue co	mpen	sati	on 1	fron	n any	un	related organization			4		X
for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>	es," comple	te Sci	hedu	ile J	<i>I</i> for	such	per	rson	<u></u>		5		X
Complete this table for your five highest com- compensation from the organization. Report of year.													
(A)								(B)			(C)		
Name and business add	dress							Description of se	ervices	С	ompens	ation	

Traine and pasiness address — Description of services — Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	75,580.				
ran	b	Membership dues 1b					
۵ٌڲ	С	Fundraising events 1c	307,900.				
Gifts, Iar A	d	Related organizations 1d					
يَّ ق	e	Government grants (contributions) 1e	1,964,945.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
e Éi		and similar amounts not included above . 1f	2,468,318.				
들된	g	Noncash contributions included in					
d T		lines 1a-1f 1g	\$ 1,459,423.				
တွဲ မွ	h	Total. Add lines 1a-1f		4,816,743.			
			Business Code				
9	2a						
e ⊆	b						
Program Service Revenue	С						
ev	d						
9 2	e						
<u>~</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends	, interest, and				
		other similar amounts)		9,951.			9,951.
	4	Income from investment of tax-exempt bor	nd proceeds . ►	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NO	NE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 335,02	0.				
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 330,36					
α	١.	Gain or (loss)					
er	d	Net gain or (loss)	· · · · · · · · · · · · ·	4,656.			4,656.
Other	8a	Gross income from fundraising					
		events (not including \$307,900.					
		of contributions reported on line	36,464.				
	.	1c). See Part IV, line 18					
	b c	Less: direct expenses	· 1	-61,658.			-61,658.
			3	01,030.			01,030.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	<u>_</u>	Less: direct expenses 9b					
	b	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10:	a NONE				
	b	Less: cost of goods sold					
	C	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
e e	11a	OTHER INCOME		10,539.	10,539.		
ane	b						
e e	c						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	▶	10,539.			
	12	Total revenue. See instructions		4,780,231.	10,539.		-47,051.

58-1505825

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	onse or note to any line	e in this Part IX		
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	125,124.	106,835.	3,016.	15,273.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	1,327,020.	1,133,050.	31,988.	161,982.
8	Pension plan accruals and contributions (include	26,445.	22,580.	637.	3,228.
	section 401(k) and 403(b) employer contributions)	06.040	00 100	2 222	11 740
	Other employee benefits	96,249.	82,180.	2,320.	11,749.
10	,	105,018.	89,668.	2,531.	12,819.
	Fees for services (nonemployees):	NONE			
	Management	NONE NONE			
	Legal	54,928.		54,928.	
	Accounting	NONE		34,720.	
	Lobbying Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	2,529.		2,529.	
	Other. (If line 11g amount exceeds 10% of line 25, column	2,0251		2,025.	
9	(A), amount, list line 11g expenses on Schedule O.)	102,225.	42,535.	3,128.	56,562.
12	Advertising and promotion	27,793.	14,719.	522.	12,552.
13		90,951.	66,809.	5,065.	19,077.
14	Information technology	41,352.	29,713.	2,809.	8,830.
15	Royalties	NONE			
16	Occupancy	113,511.	106,022.	2,102.	5,387.
17		15,827.	15,038.	609.	180.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	47,104.	39,804.	1,104.	6,196.
20	Interest	16,248.		16,248.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	39,063.	17,969.	14,453.	6,641.
23	Insurance	77,004.	59,405.	4,260.	13,339.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
_		2/1 102	2/1 021		0.2
	CLOTHING FOOD	341,103. 41,224.	341,021. 40,972.	82.	82. 170.
D C	DITTO	13,462.	10,596.	228.	2,638.
	MISCELLANEOUS	10,659.	8,353.	1,883.	423.
	All other expenses	4,595.	2,084.	274.	2,237.
	Total functional expenses. Add lines 1 through 24e	2,719,434.	2,229,353.	150,716.	339,365.
	Joint costs. Complete this line only if the	_,,_,,_,	=,227,333.	200,720.	222,203.
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Part X		х
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	644,801.	1	1,222,558.
2	Savings and temporary cash investments	490,120.	2	285,830.
3	Pledges and grants receivable, net	. NONE	3	NONE
4			4	282,770.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	. NONE	5	NONE
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	. NONE	6	NONE
7			7	NONE
8	Inventories for sale or use	. NONE	8	NONI
9			9	30,390.
10 a				
		١.		
b	•		10c	2,872,190.
				NONE
				4,693,738.
				117,430.
				NONE
				110111
			22	NONE
23				968,847.
				NONE
	· ·		27	IVOIVE
_0		_ I		
		_ I	25	NONE
26				1,086,277.
	Organizations that follow FASB ASC 958, check here ► X	03,703.	20	1,000,277.
27		1 505 002	~=	2 440 000
				3,449,080.
28		. NONE	28	158,381.
	organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
22	Total net assets or fund balances	1,525,803.	32	3,607,461.
32		1,323,003.	U	5,007,101.
	1 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 Cash - non-interest-bearing 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . SEE SCHEDULE .Q. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing . 644, 801. 2 Savings and temporary cash investments . 490,120. 3 Pledges and grants receivable, net	Check if Schedule O contains a response or note to any line in this Part X

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	· /					_
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	80,	<u> 231</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>434</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	60,	<u> 797</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>803</u>
5	Net unrealized gains (losses) on investments	5			20,	<u>861</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,6	07,	<u>461</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		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," ex	plain	on			
	Schedule O.					
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 cor	npiled	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 audi	ted o	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit 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 und	ergo	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	ıdits -		3b	X	

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ΑDV	70C2	ATES FOR BARTOW'S C	HILDREN, INC.				58-1	505825		
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)			
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).			
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)				
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state:									
5		An organization operated	for the benefit of	a college or universi	y owne	d or ope	rated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).			
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)						
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or		
	_	university:								
10 11		An organization that normal receipts from activities rela support from gross investmacquired by the organization organization organization organized	ited to its exempt f nent income and u on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (les: Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its		
12	\vdash	An organization organized a	•	•	•		` ' ' '	ry out the purposes of		
12		one or more publicly suppo	-	=	-					
		the box on lines 12a through	_							
_		7		• • • • • • • • • • • • • • • • • • • •			·	· · · · · · · · · · · · · · · ·		
а		Type I. A supporting organization	•	•	•		•			
		the supported organization	. , .	• • • • • • • • • • • • • • • • • • • •		ajority of	the directors or truste	es of the		
h		supporting organization. `	-			with ite	cupported organizati	on(c) by boying		
b		Type II. A supporting org control or management of	•							
		organization(s). You must			lile Saili	ie persor	is that control of illan	age the supported		
_			=		tod in a	onnoctio	n with and functions	lly intograted with		
С		Type III functionally inte					•	ny integrated with,		
الم		its supported organization		-				tad arganization(a)		
d		Type III non-functionally that is not functionally into			-					
		•		•	-		•	a an allenliveness		
_		requirement (see instruct	•	-				I Tyme III		
е		Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	і, туре ііі		
f	En	functionally integrated, or ter the number of supported			porting c	organizai	ion.			
g		ovide the following information	•							
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	(•,	ame of supported eigenization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	ıl									

Schedule A (Form 990) 2021 Page 2

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.)

Calendary year (or fiscal year loginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gitts, grants, contributions, and membership fees received. (Do not include any Tunisual grants.") 1 Gitts, grants, contributions, and membership fees received. (Do not include any Tunisual grants.") 2 Tar revenue level for the or part of the organization of the contributions of the c	Sec	tion A. Public Support						
membership fees received. (Do not include any vinusual grants 1)	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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 1,833,408 2,122,888 2,091,075 2,391,727 4,816,743 23,243,831 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 10 clumn (f) 6 Public support. Subtract line 5 from line 4 12,243,831 7 Amounts from line 4 1,833,408 2,120,888 2,091,075 2,381,727 4,816,743 23,243,831 8 Gross income from interest, dividends, prents, royalties, and income from similar sources 14,910 14,460 12,641 16,552 9,951 67,614 9 Net income from unrelated business activities, whether or not the business activities of capital assets (Explain in Part VI) ,582, 1878, 2895 34,458 34,458 34,458 11 Total support. Add lines 7 through 10 2,223 34,458	1	membership fees received. (Do not	1,833,408.	2,120,888.	2,091,075.	2,381,717.	4,816,743.	13,243,831.
### Total. Add lines 1 through 3	2	organization's benefit and either paid to						NONE
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2*0 of the amount shown on line 11, column (f),	3	furnished by a governmental unit to the						NONE
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2017 (d) 2020 (e) 2021 (e) 202	4	Total. Add lines 1 through 3	1,833,408.	2,120,888.	2,091,075.	2,381,717.	4,816,743.	13,243,831.
Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4	6	, ()						
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Amounts from line 4		''						13,243,831.
7 Amounts from line 4			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				` ′	` ,		`,	
activities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
loss from the sale of capital assets (Explain in Part VI.)set. supp. page 34,458. 11 Total support. Add lines 7 through 10	9	activities, whether or not the business						NONE
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets		34,458.				34,458.
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10						13,345,903.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc. (see instructions) .				12	712,391.
Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))		organization, check this box and stop here						
Public support percentage from 2020 Schedule A, Part II, line 14			•					
16a 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		,, ,		•				
box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a	• •	-		•		•	
this box and stop here. The organization qualifies as a publicly supported organization			•		•			
 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	b							
10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	47-		•		_			
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a		-					
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							-	•
 b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		•			•	•		
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h	=						
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	b		-					
organization		=					-	-
	10	organization						▶ □
	10	3						. \square

Schedule A (Form 990) 2021 Page **3**

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.)

	tion A Post in Community				<u> </u>	,	
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(I) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				5:50		<u> </u>
14	First 5 years. If the Form 990 is for	•			•		```
<u></u>	organization, check this box and stop here.						🚩 🔃
	tion C. Computation of Public Supp Public support percentage for 2021 (line 8,			ump (f\)		45	0/
15		٠,	•			15	%
16 Sec	Public support percentage from 2020 Schettion D. Computation of Investment					16	%
	-			42 and man (f))		47	0/
17 10	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	% and line
19 a	331/3% support tests - 2021. If the org	-					
1.	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2020. If the orga						
0.0	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization of	iiu not check	a box on line '	14, 19a, or 19b	, check this bo	ix and see instru	ICHONS 🚩

Schedule A (Form 990) 2021 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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 (as 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).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	110		
	on Dr. Type i eapperting enganizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported 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.	2		
Secti	on C. Type II Supporting Organizations		\ <u>\</u>	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
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	Yes	No
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 on line 2, above, 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.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
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 governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	24		

Schedule A (Form 990) 2021 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization	S					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functional (see instructions).	ally integra	ted Type III supporting	g organization				

Schedule A (Form 990) 2021

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	()				
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - p	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C. line 6				

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INC	OME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME		34,458.				34,458.
TOTALS		34,458.				34,458.
			=========			

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization ADVOCATES FOR BARTOW'S CHILDREN, INC 58-1505825 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 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** 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

ADVOCATES FOR BARTOW'S CHILDREN, INC.

Employer identification number 58-1505825

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--------	----------------------------------	--------------------------------	--------------------------------

	, , ,	<u>.</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$ 216,648.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$155,329.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$ 422,191.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1E1253 2.000

Name of organization

Employer identification number

	ADVOCATES FOR BARTOW'S CHILDREN,	INC.	30-1303023
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution	
7	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

1E1253 2.000

Name of organization

ADVOCATES FOR BARTOW'S CHILDREN, INC.

Employer identification number
58-1505825

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
11_	COMMERCIAL REAL ESTATE LOCATED AT 49 MONROE CROSSING CARTERSVILLE, GA		
		\$\$.	09/22/2021
(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
		 \$	
(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
		 \$	

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number ADVOCATES FOR BARTOW'S CHILDREN, INC. 58-1505825 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a

If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

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

Assets included in Form 990, Part X........

Schedule D (Form 990) 2021

Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (dv) Book value							
1a	Land		550,265.		550,265.		
b	Buildings		2,315,243.	87,320.	2,227,923.		
С	Leasehold improvements		131,265.	80,626.	50,639.		
d	Equipment		84,396.	51,358.	33,038.		
	Other		145,735.	135,410.	10,325.		
Tota	II. Add lines 1a through 1e. (Column (d) musi	2,872,190.					

Schedule D (Form 990) 2021

58-1505825

Part VII	Investments - Other Securities.	
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Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:
(1) Financial derivatives			
(2) Closely held equity interests	•		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answere), Part IV, line 11d. See Form 990	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	\ P 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B)) IIne 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Desci	ription of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	j.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1	4,997,205.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants.				
d	Other (Describe in Part XIII.) 2d 98,122.				
e	, , , , , , , , , , , , , , , , , , , ,	2e	263,757.		
3	Subtract line 2e from line 1	3	4,733,448.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,,55,115,		
	Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	4c	46,783.		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,780,231.		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.			
1	Total expenses and losses per audited financial statements	1	2,915,547.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е		2e	242,896.		
3	Subtract line 2e from line 1	3	2,672,651.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.) 4b 44,254.				
	Add lines 4a and 4b	4c	46,783.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,719,434.		
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa				
SEE	SUPPLEMENTAL PAGE				

PART V, LINE 4

AS OF DECEMBER 31, 2021, THE ORGANIZATION HAS DONOR RESTRICTED NET ASSETS DUE TO TIME TOTALING \$48,000 AND DONOR RESTRICTED NET ASSETS DESIGNATED FOR CAPITAL CAMPAIGN INITIATIVES TOTALING \$110,381. THE ORGANIZATION DID NOT HAVE ANY DONOR RESTRICTED NET ASSETS AS OF DECEMBER 31, 2020.

RELEASES DURING 2021 RELATED ENTIRELY TO EXPENSES ASSOCIATED WITH THE CAPITAL CAMPAIGN INITIATIVES.

PART X, LINE 2 - ASC 740 DISCLOSURE

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL
REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO
PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN
RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX
POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX
POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX
POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING
STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE
ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING
AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX
EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2018.

PART XI, LINE 2D

FUNDRAISING EXPENSES NETTED WITH REVENUE: 98,122

PART XI, LINE 4B

DIRECT DONOR BENEFIT NETTED WITH REVENUE: 36,464

OTHER INCOME INCLUDED IN EXPENSES PER AUDIT: 7,790

TOTAL: 44,254

PART XII, LINE 2D

FUNDRAISING EXPENSES NETTED WITH REVENUE: 98,122

PART XII, LINE 4B

DIRECT DONOR BENEFIT NETTED WITH REVENUE: 36,464

OTHER INCOME INCLUDED IN EXPENSES PER AUDIT: 7,790

TOTAL: 44,254

SCHEDULE G (Form 990)

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 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number ADVOCATES FOR BARTOW'S CHILDREN, INC. 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 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? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 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.

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.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DUCK DERBY	FALL BENEFIT	5	(aḋd col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
nue	_	_				
Revenue	1	Gross receipts	116,448.	182,807.	45,109.	344,364.
ፚ	_	Lacas Cantallastiana				
		Less: Contributions	116,448.	154,102.	37,350.	307,900.
	3	Gross income (line 1 minus		20 705	7 750	26 464
		line 2)		28,705.	7,759.	36,464.
	4	Cash prizes	18,500.			18,500.
	Ī	Guen p. 1200	10,300.			10,500.
	5	Noncash prizes				
S						
Direct Expenses	6	Rent/facility costs	22,992.	10,093.		33,085.
ber						
$\overline{\Delta}$	7	Food and beverages		9,304.	1,307.	10,611.
ğ						
Ë	8	Entertainment				
	_	Oth an dina of sum and				
	9	Other direct expenses	13,013.	10,889.	12,024.	35,926.
	10	Direct expense summary. Add line	es 4 through 0 in colu	mn (d)	_	98,122.
	11	Net income summary. Subtract li	ne 10 from line 3 colu	ımn (d)		-61,658.
Pa	71	Gaming. Complete if the org	anization answered "	Yes" on Form 990 1	Part IV line 19 or	
		\$15,000 on Form 990-EZ, lin	ie 6a.	100 011 1 01111 000, 1	art iv, inic 10, or	reported more than
Φ			() D:	(b) Pull tabs/instant	(a) Other geneing	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ě						
<u>r</u>	1	Gross revenue				
"	_					
ses	2	Cash prizes				
en	2	Nanagah prizas				
X	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
)ire	_	Tremplacinity costs				
_	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u>	
_		-				
9		Enter the state(s) in which the organization lineared to see				
a k		Is the organization licensed to con If "No," explain:				Yes No
, L	•	ii 140, expiaiii.				
10a	ı	Were any of the organization's gaming	g licenses revoked, susi	pended, or terminated du	uring the tax vear?	Yes No
k		16.113.6 11 1.1				
		·				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Employer identification number

Name	of the organization				Employ	er identification	numbe	r	
ADV	ADVOCATES FOR BARTOW'S CHILDREN, INC.					58-1505825			
	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributi amounts reported of Form 990, Part VIII, lir	on	Method o			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods	X		27,09	94.	RECEIPTS	& ES	TIM	ATES
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
• •	or trust interests								
12	Securities - Miscellaneous								
	Qualified conservation								
13	contribution - Historic								
	structures				$\overline{}$				
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential		_						
16	Real estate - Commercial		1	1,400,26	25.	FAIR MARK	ET V	ALUI	<u> </u>
17	Real estate - Other								
18	Collectibles								
19	Food inventory		29	21,84	<u>10.</u>	RECEIPTS	& ES	TIM	ATES
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(COST/SUPPLIES)	X	21	10,22	24.	RECEIPTS	& ES	TIM	ATES
26	Other ►()								
27	Other ►()								
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions	for				
	which the organization completed I					29			
			· · · · · · · · · · · · · · · · · · ·					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I	l. lines	s 1 through			
	28, that it must hold for at least the			•		_			
	to be used for exempt purposes for	•				•	30a		Х
h	If "Yes," describe the arrangement i		lolding period:				Ju		
			tance policy that require	e the review of	anv r	nonetandard			
31		•			•		31	Х	
226	contributions? Does the organization hire or use						31		\vdash
s∠a	-	-	_	· ·			322		v
	contributions?		• • • • • • • • • • • • • • • • • • • •				32a		X
	If "Yes," describe in Part II.		1 () 6		, ,				
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which colun	лn (a)	is checked,			

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

Schedule M (Form 990) 2021

describe in Part II.

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART 1, COLUMN B - ITEMS CONTRIBUTED

COLUMN B REPORTS NUMBER OF CONTRIBUTIONS.

PART I, LINE 15

DONATION OF RESIDENTIAL REAL ESTATE WAS FROM A GOVERNMENTAL ENTITY.

NO FORM 8283 WAS REQUIRED TO BE SIGNED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

ADVOCATES FOR BARTOW'S CHILDREN, INC

58-1505825

PART VI, LINE 11B

THE BOARD PRESIDENT, TREASURER, CEO, AND DIRECTOR OF OPERATIONS REVIEW

THE RETURN IN DETAIL PRIOR TO FILING, AND A COPY IS PROVIDED FOR ALL

BOARD MEMBERS TO REVIEW BEFORE FILING.

PART VI, LINE 12C

THE ORGANIZATION HAS BOARD MEMBERS AND OFFICERS READ AND SIGN AN ACKNOWLEDGEMENT ANNUALLY THAT THEY HAVE READ THE POLICIES AND PROCEDURES AND THAT NO CONFLICTS EXIST. SHOULD CONFLICTS ARISE, THE ISSUES ARE DISCUSSED AND RESOLVED BY AN INDEPENDENT COMMITTEE OF THE BOARD.

IF A CONFLICT ARISES, THE MEMBER WITH THE CONFLICT IS REQUIRED TO

DISCLOSE SUCH CONFLICT TO THE EXECUTIVE DIRECTOR OR THE BOARD OF

DIRECTORS PRESIDENT OR A MEMBER OF THE EXECUTIVE COMMITTEE. THE BOARD

MEMBERS WITHOUT A CONFLICT ARE INVOLVED IN THE DECISION TO DETERMINE THE

BEST COURSE OF ACTION THE ORGANIZATION WILL FOLLOW.

PART VI, LINE 15

CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, SALARIES FOR ALL EMPLOYEES, OTHER THAN THE CEO, ARE DETERMINED IN CONSULTATION WITH THE CEO BY HUMAN RESOURCES UTILIZING ANNUAL COMPENSATION TOOLS AND ESTABILISHED REVIEW PROCESS.

PART VI, LINE 19

ADVOCATES FOR CHILDREN, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization	Employer identification number
ADVOCATES FOR BARTOW'S CHILDREN, INC.	58-1505825
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	30,390.
_	
TOTALS	30,390.