# ADVOCATES FOR BARTOW'S CHILDREN, INC. INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2023

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 1600 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395
ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2024. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

### Form **8879-TE**

## IRS E-file Signature Authorization for a Tax Exempt Entity For calendar year 2023, or fiscal year beginning $\frac{01/01/2023}{2023}$ and ending $\frac{12/31/2023}{2023}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN or SSN
ADVOCATES FOR BARTOW'S CHILDREN, INC.	58-1505825
Name and title of officer or person subject to tax	
RACHEL CASTILLO, PRESIDENT/CEO	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable	
8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only	
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this	
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered	-0- on the return, then enter -0- on the
applicable line below. <b>Do not</b> complete more than one line in Part I.	
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12	
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a         Form 1120-POL check here         b         Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line	-
5a         Form 8868 check here         b         Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part I	II, line 22) 10b
Part I Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that $X$ I am an officer of the above entity or $I$ I am a person subject to $I$ I am a person subject $I$ I	
· · · · · · · · · · · · · · · · · · ·	ive examined a copy of the
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and bel	
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic re intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and	•
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processin	` '
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate	• , ,
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of t	he federal taxes owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.	
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the finan	
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries at the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and	
electronic funds withdrawal.	a, appeas.e, a.e ee.lee.n te
PIN: check one box only	
X I authorize SMITH & HOWARD ADVISORY, to enter my PIN	1 7 2 1 2 as my signature
ERO firm name	Enter five numbers, but
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy	do not enter all zeros
agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforer	
return's disclosure consent screen.	•
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signa	ture on the tax year 2023 electronically
filed return. If I have indicated within this return that a copy of the return is being filed with a stat	
of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	g,(,gg p
Signature of officer or person subject to tax  Date	1/15/2024
Part III Certification and Authentication	1/13/2024
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.  6 7 8 8 2 7 9 2 0	7 4
Do not enter all zeros	<u> </u>
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Mef	
Providers for Rusiness Beturns	-) Information for Authorized INS e-file
$X \cdot A \cdot A = A \cdot A$	1 /1 5 /2024
ERO's signature Date ]	1/15/2024
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To I	On So
For Privacy Act and Paperwork Reduction Act Notice, see back of form.	Form <b>8879-TE</b> (2023)
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### aan

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023

Open to Public

Open to Public Inspection

A F	or th	e 202	3 calendar year, or tax year beginning	and ending				
			C Name of organization		D Employer ident	ification nur	nber	
Вс	heck if ap	plicable:	ADVOCATES FOR BARTOW'S CHILDREN, INC.					
	Addre		Doing Business As		58-1	505825		
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num			
	+	return	PO BOX 446		(770	))387-1	143	
	Termi		City or town, state or province, country, and ZIP or foreign postal code		( , , ,	7307 1		
	Amen		CARTERSVILLE, GA 30120		<b>G</b> Gross receipts	\$ 1 Q	97,6	0 2
	return Applio		F Name and address of principal officer: RACHEL CASTILLO		H(a) Is this a group r	- / -	Yes	X No
	pendi	ng	THE THE CASTILLO		subordinates?	<u> </u>	=	$\overline{}$
_	_		PO BOX 446, CARTERSVILLE, GA 30120	T T	H(b) Are all subordinate		Yes	No
<u> </u>		empt st		r   527	If "No," attach a	•	,	
<u>J</u>			WWW.ADVOCHILD.ORG		H(c) Group exemptio			
			nization: X Corporation Trust Association Other	L Year of for	mation: 1983 M Sta	ate of legal d	omicile:	GA
P	art I	Sui	mmary					
	1	Briefly	$\gamma$ describe the organization's mission or most significant activities: $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$ $\_$	SERVICES	AND PROGRAMS	FOR C	HILDE	REN,
Se		YOU	TH AND FAMILIES TO PREVENT CHILD ABUSE; AND TO	HELP THO	SE WHO ARE			
Jan		ALRI	EADY ITS VICTIMS, INCLUDING PROVIDING SHELTER	AND SUPPO	RT			
Ver	2	Check	this box 🕨 🔙 if the organization discontinued its operations or disposed	d of more than 2	25% of its net assets.			
ô	3	Numb	er of voting members of the governing body (Part VI, line 1a)		3	3		16
∞ ∞	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	ı		16
Activities & Governance			number of individuals employed in calendar year 2023 (Part V, line 2a)			5		56
ξΞ			number of volunteers (estimate if necessary)			ز		176
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12		7:	a		
			nrelated business taxable income from Form 990-T, line 34			-		
					Prior Year		rent Ye	ar
	8	Contri	ibutions and grants (Part VIII, line 1h)		3,830,146	_		,980.
ηne	9	Drogr	copy	FOR	NON		, , , , ,	NONI
Revenue	10	Invest	am service revenue (Part VIII, line 2g)  Tement income (Part VIII, column (A), lines 3, 4, and 7d)  COPY  PUBLIC IN	SPECTION	309,935		0	,913
Re				————				
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-63,315			<u>,146.</u>
			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		4,076,766		,885	,747.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		NON			NONI
			its paid to or for members (Part IX, column (A), line 4)		NON	_		NONI
es	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,879,485			<u>,774.</u>
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		129,350		104	<u>,500.</u>
Ϋ́	b		fundraising expenses (Part IX, column (D), line 25) ▶282,436.					
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,367,353	. 1	,607	<u>,147.</u>
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,376,188			<u>,421.</u>
		Rever	nue less expenses. Subtract line 18 from line 12		700,578	. 1	,204	,326.
sor				Ве	eginning of Current Yea	ır En	d of Yea	ır
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)	L	5,166,149	. 6	,693	,427.
t As	21	Total I	liabilities (Part X, line 26)	L	1,044,865	. 1	,339	,734.
Fee	22		ssets or fund balances. Subtract line 21 from line 20		4,121,284	. 5	,353	,693.
Pa	ırt II	Sig	gnature Block					
Un	der per	nalties c	of perjury, I declare that I have examined this return, including accompanying schedul	es and statement	ts, and to the best of m	y knowledge	e and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of whice	n preparer has an	ny knowledge.			
					11/15	5/2024		
Sig			Signature of officer		Date			
He	re	RACI	HEL CASTILLO PRESID	ENT/CEO				
		_	Type or print name and title					
		Print/	Type preparer's name	Date	Check if	PTIN		
Paid	t	SARI	RE J LINAHAN	月 <sub>11/15/2</sub>		P0137	2920	
Pre	parer		sname SMITH & HOWARD ADVISORY, LLC	1 11/13/2	021	92-074		
Use	Only				Firm's EIN	404-87		1 /
Max	/ the II		saddress 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363  cuss this return with the preparer shown above? (see instructions)		Phone no.			
			Reduction Act Notice, see the separate instructions.	<u> </u>			rm 990	No (2023)
. 01	, and	TIVIN	management from the tree occurred occurred in the interpretation of the contract of the contra					- (CUZU)

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Pa	art III	Statement of Program Service Accomp Check if Schedule O contains a response		art III	
1	Briefly o	escribe the organization's mission:	•		
	STRE	GTHENING OUR COMMUNITY THROU	JGH EDUCATION, ADVOC	ACY, AND	
	PREVI	NTION, EMPOWERING FAMILIES T	O BE FREE OF CHILD	ABUSE.	
	Did the	organization undertake any significant pr	ogram services during the v	ear which were not listed on the	
	prior Fo	m 990 or 990-EZ? describe these new services on Schedule			Yes X No
3	services	organization cease conducting, or ma			Yes X No
4	Describ expense	describe these changes on Schedule O. ethe organization's program service acs. Section 501(c)(3) and 501(c)(4) orga expenses, and revenue, if any, for each p	nizations are required to re		
4a	(Code:	) (Expenses \$3,108,970.	including grants of \$	) (Revenue \$	2,622.
	HELP	ABUSED, ABANDONED, NEGLECTED	AND OTHER AT RISK	CHILDREN AND	
	THEI	FAMILIES BY PROVIDING A WIL	DE CONTINUUM OF SUPP	ORT AND	
	PREVI	NTION. THIS INCLUDES SHELTER	R, COUNSELING, EDUCA	TION,	
	PAREI	TING SUPERVISION, PLACEMENT	IN FOSTER HOME OR O	THER LIVING	
	SITUZ	TIONS, AND COMMUNITY AWARENE	ISS.		
4b	(Code:	) (Expenses \$	_including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000.			) (Nevende \$\pi\$	/
_	011		<u> </u>		
4d	-	ogram services (Describe on Schedule O.			
	(Expens	es \$ including grants of \$	) (Revenu	ue \$ )	

**4e** Total program service expenses JSA 3E1020 2.000

3,108,970.

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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	Х	
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 "Yes," complete Schedule D, Part II</i>	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
8		8		77
0	complete Schedule D, Part III	•		X
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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,"		37	
	complete Schedule D, Part VI	11a	X	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	445		3.7
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		3.7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	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	13		
10	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	10		
.,	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	'	Λ	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Λ	
. 3	If "Yes," complete Schedule G, Part III	19		Х
20 =	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?	20a		- 22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX column (A) line 12 If "Ves" complete Schedule I. Parts I and II	21		v

Form 990 (2023) Page **4** 

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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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			21
20	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 "Yes," 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
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		Х
20	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,	21		Λ
28				
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		3.7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash 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			
	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		X
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		X
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

JSA 3E1030 1.000

Page 5 Form 990 (2023)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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 56			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	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			
	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		X
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.			
	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		
	Section 501(c)(7) organizations. Enter:			
	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 10b			
	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)			
40.	against amounto and or room on mornly 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	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			
С	Enter the amount of reserves on hand			
	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? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  If "Yes." complete Form 6069.	17		
	II 163. CUITDIGIG I UITI UUUJ.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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	1a	16			
	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	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela	ations	hip with			
	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or un-	der th	e direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets	?	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 ele	ect 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 to	oy) m	embers,			
	stockholders, or persons other than the governing body?			7b		_X
8	Did the organization contemporaneously document the meetings held or written actions under	rtake	n 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 the organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal I	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of s	uch d	hapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill	ing the	form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the		_	40.		
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	-		42-	37	
	describe on Schedule O how this was done			12c 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?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and		-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a		arra	naement			
IVa	with a taxable entity during the year?		_	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to					
~	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	uard the			
Cooti	organization's exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed GA,	000	and 000 T	. (		04/->
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that app Own website Another's website Upon request Other (explain on Sch	oly.		(seci	ion 5	U1(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ents,	conflict o	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 b	ooks	and record	S.		

770-287-1143

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

	<del></del>					•		· ·	· · · · · · · · · · · · · · · · · · ·	
(A) Name and title	( <b>B</b> ) Average hours per week	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RACHEL CASTILLO	40.00									
PRESIDENT & CEO	NONE	X		Х				127,606.	NONE	15,394.
(2) PATRICK NELSON	5.00							127,000.	1,01,1	13/371.
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(3) NANCY NEWMAN	5.00									
EMERITUS	NONE	Х		Х				NONE	NONE	NONE
(4) BARRY JUSTUS	5.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) LORA WARNER	5.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) MARC FEUERBACH	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) HANNAH HART	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8) DIERDRA LANIER	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(9) GLEN MERRITT	5.00									
CHAIRMAN ELECT	NONE	Х						NONE	NONE	NONE
(10) DARNICE MOSS	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(11) SID ROWSER	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(12) GINGER TYRA	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(13) JIM ANDREWS	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) CHELCIE GRIFFITH	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	ey En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	Page <b>8</b> ontinued)
(A)	(B)	ĺ		((				(D)	(E)	(F)
Name and title	Average hours per week (list any	,		neck		than o		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		er and			ru Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) LEAH HARPER	5.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
16) JOHN LAMPLEY	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
17) MICHELE TAYLOR	5.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
	<del> </del>									
1b Sub-total							▶	127,606.	NONE	15,394.
c Total from continuation sheets to Part VII, S	ection A		•		• •		•	NONE	NONE	NONE
d Total (add lines 1b and 1c)	_						<b>•</b>	127,606.	NONE	15,394.
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the										
organization and related organizations graindividual	eater than	<b>\$15</b>	50,0	00?	) If	"Yes	;"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest component compensation from the organization. Report of year.										

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

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### Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse 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,	1a	Federated campaigns 1a	72,697.				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
P G	C	Fundraising events 1c	377,380.				
ts, r A	d	Related organizations 1d					
Gif		Government grants (contributions) 1e	2,020,908.				
is,	e	` ` `	2,020,000.				
io S	l t	All other contributions, gifts, grants,	2 422 005				
ont		and similar amounts not included above . 1f	2,432,995.				
Ξō	g	Noncash contributions included in					
ou		lines 1a-1f 1g					
<u> </u>	h	Total. Add lines 1a-1f		4,903,980.			
4			Business Code				
Program Service Revenue	2a						
er Le	b						
n S en	С						
ran	d						
og F	е						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		8,956.			8,956.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON.	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	1,01,12			
	l la	sales of assets	() 56.				
			. NONE				
4		,	. NONE				
evenue	b	Less: cost or other basis	1 420				
Ne.		and sales expenses 7b NON.  Gain or (loss) 7c 2,385					
Re		can or (1868) I I I I	-1,428.	0.5.7	1 400		0.205
Jer	d	Net gain or (loss)		957.	-1,428.		2,385.
Other	8a	Gross income from fundraising					
		events (not including \$377,380.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	78,312.				
	b	Less: direct expenses	110,508.				
	С	Net income or (loss) from fundraising events		-32,196.			-32,196.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	•				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
Miscellaneous Revenue	11a	OTHER INCOME		4,050.	4,050.		
lan ent	b						
eve	С						
ĪŠ.	d	All other revenue					
2	е	Total. Add lines 11a-11d		4,050.			
	12	Total revenue. See instructions		4,885,747.	2,622.		-20,855.

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### 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 respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising 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	143,000.	126,355.	3,438.	13,207
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	1,626,070.	1,436,797.	173,662.	15,611.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,964.	14,106.	384.	1,474
9	Other employee benefits	93,857.	82,934.	2,256.	8,667
10	Payroll taxes	90,883.	80,304.	2,185.	8,394
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	NONE			
	Accounting	54,717.		54,717.	
c	l Lobbying	NONE			
e	Professional fundraising services. See Part IV, line 17.	104,500.			104,500.
1	f Investment management fees	1,849.		1,849.	
Q	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	117,449.	114,704.	2,745.	NON
12	Advertising and promotion	13,871.	7,471.	88.	6,312
13	Office expenses	137,946.	89,600.	4,592.	43,754
14	Information technology	40,584.	32,310.	2,421.	5,853
15	Royalties	NONE			
	. ,	796,512.	770,954.	15,700.	9,858
	Travel	24,455.	20,449.	1,503.	2,503
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	50,296.	46,600.	1,765.	1,931
	Interest	33,069.	33,027.		42
	Payments to affiliates	NONE	44.000	15 206	10 500
	Depreciation, depletion, and amortization	79,122.	44,088.	15,326.	19,708.
	Insurance	123,928.	98,525.	6,390.	19,013.
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.)				
_	CLOTHING	40,583.	40,482.	6.	95
		37,088.	37,074.	0.	14
	DUES	36,404.	29,169.	339.	6,896
	MISCELLANEOUS	19,274.	4,021.	649.	14,604
		19,2/4.	4,021.	049.	14,004
	• All other expenses	3,681,421.	3,108,970.	290,015.	282,436.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs	3,001,421.	3,100,970.	290,013.	202,430.
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,309,100.	1	802,700.
	2	Savings and temporary cash investments	291,673.	2	328,934.
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	631,540.	4	761,208.
	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
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ä	9	Prepaid expenses and deferred charges	42,388.	9	26,841.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,036,874.			
	b	Less: accumulated depreciation	1,891,448.	10c	4,773,744.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,166,149.		6,693,427.
	17	Accounts payable and accrued expenses	132,865.		97,409.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ιġ		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	912,000.		1,242,325.
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	1,044,865.		1,339,734.
seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,522,251.	27	3,989,442.
Ä	28	Net assets with donor restrictions	599,033.	28	1,364,251.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	·		, ,
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥ ∤	32	Total net assets or fund balances	4,121,284.	32	5,353,693.
Net	33	Total liabilities and net assets/fund balances	5,166,149.	33	6,693,427.
		Total industrion drift decement buildings;	J,100,149.	<u> </u>	0,033,427.

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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	1,8	85,	<u>747</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,6	81,	<u>421</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,2	04,	<u> 326</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	1,1	21,	<u> 284</u>
5	Net unrealized gains (losses) on investments	5			28,	<u>083</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	5	5,3	53,	<u>693</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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?	L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such at			3b	Х	

### **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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 58-1505825

AD'	V OC.	ATES FOR BARTOW'S C	HILDREN, INC.				58-1	505845
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	is.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu		·	_	-	•	
2		A school described in secti						
3		A hospital or a cooperative		•	-		(1)(A)(iii).	
4		A medical research organiz	•	•		٠,		(iii) Enter the
•		hospital's name, city, and st		oonjunouon mara no	opilai ao			(iii)i Liitoi tiio
5		An organization operated		a college or universit	v owne	d or one	erated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of universit	y Owner	и от орс	rated by a governme	intal unit described in
6		A federal, state, or local go		rnmantal unit describe	d in coot	ion 170/	h)/4\/A\/ <sub>W</sub> \	
6	7.7							om the general nublic
7	LX	An organization that norma	-	·	ipport in	om a go	verninental unit of ite	on the general public
•		described in section 170(b)			D4 II \			
8		A community trust describe	-		-			land mank sallana
9		An agricultural research org	=			-	<del>-</del>	
		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		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and uiten after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	•	•	-			
12		An organization organized a	•	•				
		one or more publicly suppo	=			-		
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		_ supporting organization. <b>`</b>	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e person	ns that control or man	age the supported
		organization(s). <b>You must</b>				•		
С		Type III functionally integ			ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally		•				ted organization(s)
		that is not functionally inte			-			- , ,
		requirement (see instruct	-		-		· · · · · · · · · · · · · · · · · · ·	
е		Check this box if the orga	•	=				I Tyne III
·	_	functionally integrated, or						i, 1900 iii
f	Fn	ter the number of supported						
a		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
	(-,		(.,	(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	al							

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,091,075.	2,381,717.	4,816,743.	3,830,146.	4,903,980.	18,023,661.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,091,075.	2,381,717.	4,816,743.	3,830,146.	4,903,980.	18,023,661.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						138,355.
6	Public support. Subtract line 5 from line 4						17,885,306.
	tion B. Total Support	( ) 0040	#1.0000	( ) 0004	/ N 0000	( ) 0000	
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,091,075.	2,381,717. 16,552.	4,816,743. 9,951.	3,830,146.	4,903,980. 8,956.	18,023,661. 58,610.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						18,082,271.
12	Gross receipts from related activities, etc. (s	see instructions)				12	309,181.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (li		-			14	98.91 %
15	Public support percentage from 2022					15	99.36 %
	331/3% support test - 2023. If the org box and stop here. The organization qu 331/3% support test - 2022. If the org	ualifies as a pub	licly supported	organization			Х
	this box and <b>stop here.</b> The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	n meets the factor the facts-and-control of the facts-and-control of the factor of the	cts-and-circumst ircumstances te 	ances test, che st. The organiz  ot check a box umstances test,	eck this box ar tation qualifies  on line 13, 16 check this box	nd stop here. E as a publicly so	xplain in upported and line . Explain
18	organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see

### 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.)

Sec	tion A. Public Support			, , <u> </u>	· ·	,	
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
4	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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	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	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax vo	ar as a so	ction 501(c)(3)
14	organization, check this box and <b>stop here</b> .	-			•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,			ımn (f))		15	%
16	Public support percentage from 2022 Sche		-			15	% %
$\overline{}$	tion D. Computation of Investment					16	70
	•			12 001: (5)		47	0/
17	Investment income percentage for 2023 (lin					17	<u>%</u>
18	Investment income percentage from 2022 S					18	
туа	331/3% support tests - 2023. If the or	-					
	17 is not more than 331/3%, check this		_				
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3 %, check	this box and s	•	ganization qualif	. ,	supported of	rganization

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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and the 3b   (B) 3c   (If 4a	ver	32		
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3c   4a   4a   4b   4c   4c   4c   4c   4c   4c   4c	(B)			
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Schedule A (Form 990) 2023

Part	V 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		
b	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,	44-		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on billypo i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official conscity or membership of one or			
'	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 <b>Part VI</b> 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Socti	on C. Type II Supporting Organizations	2		
Jecu	on c. Type ii Supporting Organizations		Yes	Nο
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
	Did the same institute manyide to such of the same and a manying time. It is the local day of the fifth manyth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	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 <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uction: <b>Yes</b>	
2	Activities Test. Answer lines 2a and 2b below.		162	INO
а	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 <b>Part VI identify</b>			
	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			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> 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	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	Section A - Adjusted Net Income (A) Prior Year							
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						
Se	ction 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):							
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						
Se	ction 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	ly integra	ted Type III supporting	g organization				
	(see instructions).							

Schedule A (Form 990) 2023

Page 7

<b>Part</b>	Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt 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	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	<b>Total</b> of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>а</u>	Excess from 2019				
b	Excess from 2020				
<u> </u>	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

### Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

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

OMB No. 1545-0047

**2023** 

**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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

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

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.
--------	----------------------------------	------------------------------	----------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$373,932.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$353,322.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$196,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

ADVOCATES FOR BARTOW'S CHILDREN INC

Employer identification number

	ADVOCATES FOR BARTOW'S CHILDREN	, INC.	58-1505825
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(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 X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ADVOCATES FOR BARTOW'S CHILDREN, INC.

58-1505825

art II Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
n) 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
		 \$	
n) No. rom 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
		  \$	

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** ADVOCATES FOR BARTOW'S CHILDREN, INC. 58-1505825 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE D (Form 990)

### Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

le, 11f, 12a, or 12b.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Ivaiii	e of the organization	Employer identification number
AD\	OCATES FOR BARTOW'S CHILDREN, INC.	58-1505825
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1		, ,
	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	ds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	other purpose
	conferring impermissible private benefit?	Yes No
Pa	Irt II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	a certified historic structure
2		as form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	3, 1 3, 3	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
-	, and an experience mean real mondering, more coming, manager meaning control and a since control and great and	oo. vanon oacomento aaning and year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	n 170/h)//)/R)/i)
Ū	· · · · · · · · · · · · · · · · · · ·	
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and easements and include, if applicable the text of the feetness to the experiencies financial extenses	
	sheet, and include, if applicable, the text of the footnote to the organization's financial stateme organization's accounting for conservation easements.	Tits that describes the
Da	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assats
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Jilliai Assets
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	gam, p
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X.	
_~_		· · · · · · · · · · · · · · · · · · ·

che	dule D (Form 990) 2023 ADVOCAT	ES FOR BARTOW'S	CHILDREN, INC	7.	58-1	.505825 Page <b>2</b>
Pa	rt III Organizations Maintaining Co	· · · · · · · · · · · · · · · · · · ·			•	
3	Using the organization's acquisition, acc	ession, and other reco	rds, check any of	the following	that make sigr	nificant use of its
	collection items (check all that apply).		<b>-</b>			
а	Public exhibition	d	Loan or exchai	nge program		
b	Scholarly research	e	Other			
С	Preservation for future generations					
4	Provide a description of the organizatio	n's collections and expl	ain how they furth	her the organiz	ation's exemp	t purpose in Part
_	XIII.					
5	During the year, did the organization solid					¬,, ¬,,
<b>D</b> -	assets to be sold to raise funds rather tha		art of the organizat	tion's collection	<u> </u>	Yes No
Pa	rt IV Escrow and Custodial Arrang		m 000 Dort IV I	ina O ar ranar	tad an amaur	at on Form
	Complete if the organization a 990, Part X, line 21.	iisweled tes oli Foi	iii 990, Fait iv, i	ine 9, or repor	teu an amour	it on Form
1 a	Is the organization an agent, trustee, co	ıstodian or other intern	nediary for contri	hutions or othe		
·u	included on Form 990, Part X?		-			Yes No
b	If "Yes," explain the arrangement in Part					
~	ii roo, oxpidiii tilo dirangomone iirr die	Am and complete the le			Amount	
С	Beginning balance			1c	7.11.10 (2.11)	
	Additions during the year			1d		
е	Distributions during the year			1e		
f	Ending balance		_	1f		
2a	Did the organization include an amount of		_	r custodial acco	ount liability?	Yes No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the e	xplanation has bee	n provided in Pa	rt XIII	
Pa	rt V Endowment Funds					
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV, I	ine 10.		
	(a)	Current year (b) Prio	or year (c) Two	years back (d)	Three years back	(e) Four years back
1 a	Beginning of year balance	599,033. 1	58,381.	NONE		
b	Contributions	964,183. 6	00,960. 4	73,000.		
С	Net investment earnings, gains,					
	and losses					<u> </u>
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs	198,965. 1	60,309.	14,619.		
	Administrative expenses					
_	Life of year balance	l .		58,381.		
2	Provide the estimated percentage of the Board designated or quasi-endowment	current year end balance 85.4900 %	e (line 1g, column (	(a)) held as:		
	Permanent endowment %	03.4900 //				
	Term endowment 14.5100 %					
Ŭ	The percentages on lines 2a, 2b, and 2c	should equal 100%				
3a	Are there endowment funds not in the po		ation that are held	and administer	ed for the	
	organization by:	<b>g</b>				Yes No
	(i) Unrelated organizations?					<b>3a(i)</b> X
	(ii) Related organizations?					3a(ii) X
b	If "Yes" on line 3a(ii), are the related org	anizations listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses o	•				
Pa	rt VI Land, Buildings, and Equipme	nt		ling 11g See	Form 000 Da	ort V line 10
	Complete if the organization a	(a) Cost or other basis	(b) Cost or other bas			I) Book value
		(investment)	(other)	depreciation		
	Land		667,520			667,520.
b	Buildings		4,023,798	3. 131,	918.	3,891,880.

31,984.

229,177.

84,395.

9,474.

49,613.

72,125

4,773,744. Schedule D (Form 990) 2023

22,510.

179,564.

12,270.

c Leasehold improvements

d Equipment......

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 ADVOCATES FOR	BARTOW'S CHILI	DREN, INC. 5	8-1505825 Page
Part VII Investments - Other Securities Complete if the organization answered	l "Yes" on Form 99	00, 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 valua Cost or end-of-year mark	
(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, line 12, col. (B))			
Part VIII Investments - Program Related Complete if the organization answered	I "Yes" on Form 99	90, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion:
(4)			
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u> <u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	I		
Complete if the organization answered	l "Yes" on Form 99	00, Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
_(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))		
Part X Other Liabilities			
Complete if the organization answered line 25.	l "Yes" on Form 99	90, Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). 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 JSA 3E1270 1.000

Part 1	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	1000010
1	Total revenue, gains, and other support per audited financial statements	1	4,956,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,750,7100,
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.) 2d 30,347.		
	, , , , , , , , , , , , , , , , , , , ,	2e	70,718.
e	Add lines 2a through 2d	3	4,885,747.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,005,717.
4			
a	The state of the s		
b	Care (Become are are are)	4c	
с 5	Add lines 4a and 4b	5	4,885,747.
Part			1,005,717.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,724,056.
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	Add lines 2a through 2d	2e	42,635.
3	Subtract line 2e from line 1	3	3,681,421.
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,681,421.
	XIII Supplemental Information		"
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art v, nation.	iline 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

SCHEDULE D, PART V, LINE 4

AS OF DECEMBER 31, 2023, THE ORGANIZATION HAS DONOR RESTRICTED NET ASSETS DESIGNATED FOR CAPITAL CAMPAIGN INITIATIVES TOTALING \$1,364,251.

RELEASES DURING 2023 RELATED ENTIRELY TO EXPENSES ASSOCIATED WITH THE CAPITAL CAMPAIGN INITIATIVES.

SCHEDULE D, PART X, LINE 2

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, 2020.

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

- 1,849 INVESTMENT EXPENSES
- 110,508 FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE
- 78,312 DIRECT DONOR BENEFIT NETTED WITH REVENUE

-----

30,347 TOTAL

SCHEDULE D, PART XII, LINE 2D

- 1,849 INVESTMENT EXPENSES
- 110,508 FUNDRAISING EVENT EXPENSES NETTED WITH REVENUE
- 78,312 DIRECT DONOR BENEFIT NETTED WITH REVENUE

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30,347 TOTAL

### SCHEDULE G (Form 990)

Department of the Treasury

### **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.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 | X | Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Χ Phone solicitations X Special fundraising events C X In-person solicitations 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? X 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) SEE SUPPLEMENT INFORMATION Yes No 2 3 6 7 8 9 10 Total 104,500. 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. GA,

Part II 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	J.			
			(a) Event #1  DUCK DERBY (event type)	(b) Event #2 FALL BENEFIT (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
ē					, ,	
Revenue	1	Gross receipts	103,388.	59,000.	293,304.	455,692.
2		Less: Contributions Gross income (line 1	103,388.	8,776.	265,216.	377,380.
		minus line 2)		50,224.	28,088.	78,312.
	4	Cash prizes	13,500.			13,500.
"	5	Noncash prizes				
ensea	6	Rent/facility costs	1,814.	21,994.		23,808.
Direct Expenses	7	Food and beverages		10,250.	262.	10,512.
Direc	8	Entertainment	500.	20,500.		21,000.
	9	Other direct expenses	27,498.	7,640.	6,550.	41,688.
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in coluine 10 from line 3. col	umn (d) lumn (d)		110,508. -32.196.
Pa	rt II	Gaming. Complete if the orga \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
- anc		<b>4</b> 10,000 0111 01111 000 <b>22</b> , 1111	<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		347 3 3		., ,
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Jirect	4	Rent/facility costs				
_	5	Other direct expenses		l W	l v	
	6	Volunteer labor	Yes %	Yes% No	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a b	ı I	Enter the state(s) in which the organization licensed to configure for the state of		in each of these state	es?	Yes No
10a k		Were any of the organization's gaming f "Yes," explain:		pended, or terminated du		Yes No

Does the organization conduct gaming activities with nonmembers?	58-1505825 Page <b>3</b>	edule G (Form 990 or 990-EZ) 2023 ADVOCATES FOR BARTOW'S CHILDREN, INC.	Sched
formed to administer charitable gaming?	Yes No	Does the organization conduct gaming activities with nonmembers?	
Indicate the percentage of gaming activity conducted in:  a The organization's facility		Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other of	12
a The organization's facility 13a	Yes No		
b An outside facility			13
Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶  Address ▶  15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer □ Employee □ Independent contractor  17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and			а
Name ►			
Name ►  Address ►  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	events books and	, , , , , , , , , , , , , , , , , , , ,	14
Address ▶  15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		records.	
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶	
revenue?		Address ▶	
amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	Yes No	revenue?	15 a
c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  16 Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer	and the	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	b
Name ►  Address ►  16 Gaming manager information:  Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer			
Address ▶  Gaming manager information:  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		: If "Yes," enter name and address of the third party:	С
Name ►		Name ►	
Name ►  Gaming manager compensation ► \$  Description of services provided ►  Director/officer		Address ▶	
Gaming manager compensation ▶ \$  Description of services provided ▶  Director/officer		Gaming manager information:	16
Director/officer		Name ▶	
Director/officer		Gaming manager compensation ▶ \$	
17 Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and		Description of services provided ▶	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and</li> </ul>		Director/officer Employee Independent contractor	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and</li> </ul>		Mandatory distributions:	17
retain the state gaming license? Yes  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	gaming proceeds to	·	а
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$</li> <li>Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and</li> </ul>			
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and		• Enter the amount of distributions required under state law to be distributed to other exempt of	b
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add	Par

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES \_\_\_\_\_\_

NAME:

COLUMNS FUNDRAISING

ADDRESS:

2870 PEACHTREE RD, STE 956 ATLANTA, GA 30305

ACTIVITY :

CAP CAMP & DEVELOPMENT

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 104,500.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

2023
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

ADVOCATES FOR BARTOW'S CHILDREN, INC.

Employer identification number 58-1505825

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	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		101,962.	RECEIPTS	& ES	STIMA	ATES
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2	103,986.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	300	18,250.	RECEIPTS	& ES	STIM	ATES
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least $3$	years from	the date of the initial contr	ibution, and which isn't re	quired to be			
	used for exempt purposes for the e		period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	X	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash			ĺ
	contributions?					32a	ш	X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a	) is checked,			

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

Schedule M (Form 990) 2023

Part II Supple

**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.

SCHEDULE M, PART I, COLUMN B

COLUMN B DETERMINED BY THE NUMBER OF CONTRIBUTIONS RECEIVED NOT THE

NUMBER OF ITEMS RECEIVED.

### 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

2023

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

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

THE BOARD PRESIDENT, TREASURER, CEO, AND FINANCE MANAGER REVIEW THE RETURN IN DETAIL PRIOR TO FILING, AND A COPY IS PROVIDED FOR ALL BOARD MEMBERS TO REVIEW BEFORE FILING.

#### FORM 990, PART VI, SECTION B, 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.

#### FORM 990, PART VI, SECTION B, 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.

### FORM 990, PART VI, SECTION C, 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

ADVOCATES FOR BARTOW'S CHILDREN, INC.

Employer identification number

58-1505825

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

\_\_\_\_\_\_

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

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COLUMNS FUNDRAISING 2870 PEACHTREE RD, STE 956 ATLANTA GA 30305

ATLANTA, GA 30305 CAMP CONS & DEVELOP 104,500.