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TIN: 58-1675299

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.

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

OMB No. 1545-0047

Inspection

A Fo	r the	2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31	L-2020				
B Chec	ck if ap	plicable: C Name of organization			D Employe	er identif	ication number
□ Add	dress c	ATLANTA CHILDREN'S SHELTER INCORPORATED hange			58-1675	5299	
_	ne cha	Doing hydinges as			50 1075	,_,,	
	ial retu	-					
_		return Number and street (or P.O. box if mail is not delivered to street address) Room/sui	to		E Telephon	e number	
		n pending PO BOX 54322	te		(404) 8	92-3713	
		City or town, state or province, country, and ZIP or foreign postal code			(101) 0	JZ 3713	
		ATLANTA, GA 30308			G Gross red	ceints \$ 2	.500.656
		F Name and address of principal officer:	H(a)	Ic thic	a group ret		, ,
		SANDRA HOLIDAY			a group red dinates?	Luiii ioi	□Yes ✓No
		PO BOX 54322 ATLANTA, GA 30308			subordinat	es	
I Tax	-exem	_		includ	ed?		U Yes UNo
7 144		pt status:			attach a I exemption		instructions)
J W	ebsite	www.acsatl.org	(5)	Group	exemption	Humber	
K Form	of org	panization: Corporation Trust Association Other	L Year o	f forma	tion: 1986	M State	of legal domicile: GA
Pa	rt I	Summary					
		riefly describe the organization's mission or most significant activities:					
an a		O BREAK THE CYCLE OF POVERTY FOR FAMILIES FACING HOMELESSNESS BY BUILD ND PROVIDING QUALITY EARLY CHILDHOOD EDUCATION.	ING PAT	THWAY	'S TO LONG	-TERM S	ELF-SUFFICIENCY,
nce	^	ND FROVIDING QUALITY EARLY CHILDHOOD EDUCATION.					
па	_						
Governance	_						
69	_	Check this box ▶ ☐ Number of voting members of the governing body (Part VI, line 1a)				3	29
*8						4	29
les		Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>				
MI		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)	•	5	26		
Activities &		Total number of volunteers (estimate if necessary)	•	6	111		
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0		
	ь	Net unrelated business taxable income from Form 990-T, line 39				7b	0
				Pri	or Year		Current Year
2	8	Contributions and grants (Part VIII, line 1h)			1,856,5	545	2,412,391
Revenue	9	Program service revenue (Part VIII, line 2g)				0	0
3eV	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,0	081	88,265		
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,967,6	526	2,500,656
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			166,2	238	269,790
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			899,7	702	1,036,612
Exp enses		Professional fundraising fees (Part IX, column (A), line 11e)			· ·	0	0
D GK		Total fundraising expenses (Part IX, column (D), line 25) ▶171,322					
ă		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			322 6	512	348,225
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					
			1,388,552 579,074				1,654,627 846,029
_ 07	13	Revenue less expenses. Subtract line 18 from line 12	Pac!	nnina		_	
Net Assets or Fund Balances			Begi	ıınıng	of Current Y	еаг	End of Year
set	20	107	5,176,449				
As d B		Fotal assets (Part X, line 16)			67,7		43,776
Net		Net assets or fund balances. Subtract line 21 from line 20			4,149,6		5,132,673
Annual States	'	tet desette et faita balances. Subtract inte 21 fforti lifte 20			7,173,0	, , , ,	3,132,073

Signature Block

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

	\				2021-09-01	
Sign Here		gnature of officer			Date	
	JA.	NDRA HOLIDAY EXECUTIVE DIRECTOR pe or print name and title				
Paid	<u>'''</u>	Print/Type preparer's name	Preparer's signature	Date 2021-09-01	Check if PTIN P007	34299
Pre	oarer	Firm's name CARR RIGGS & ING	RAM LLC	•	Firm's EIN > 72-1396	6621
Use	Only	Firm's address ► 4004 SUMMIT BLVD	NE SUITE 800		Phone no. (770) 394-	3000
		ATLANTA, GA 3031	9			
		uss this return with the preparer sh	. ,			✓ Yes □ No
For P	aperwork	Reduction Act Notice, see the s	eparate instructions.	Cat.	No. 11282Y	Form 990 (2020)
			————— Page 2 —			
_	(1 dgc 2			
	990 (2020)	atement of Program Service	Accomplishments			Page 2
Fai		eck if Schedule O contains a respon	-	art III		✓
1		cribe the organization's mission:	Se of flote to diff fine in this pa			
		YCLE OF POVERTY FOR FAMILIES F LITY EARLY CHILDHOOD EDUCATION		ILDING PATHWAYS TO	LONG-TERM SELF-S	UFFICIENCY, AND
TROV	IDING QUA	LITT LAKET CHILDHOOD LDOCATIO	//V.			
2		ganization undertake any significan form 990 or 990-EZ?	t program services during the	year which were not li	sted on	☐ Yes 🔽 No
	•	escribe these new services on Sche	dule O.			U les U No
3	•	ganization cease conducting, or ma		t conducts, any progra	ım	_
	services?					🗌 Yes 🛮 No
4	•	escribe these changes on Schedule he organization's program service a		throe largest program	s convices as measu	rod by ovnoncos
•	Section 50	11(c)(3) and $501(c)(4)$ organization ue, if any, for each program service	s are required to report the am			
4a	(Code:) (Expenses \$	933,563 including grants of	of \$ 151,169) (Revenue \$)
	ACCREDITE YEAR OF 20 PREPARATION IN LITERACT 21,000 MEA	HILDREN'S SHELTER (ACS) IS A GEORGIA D BY THE NATIONAL ASSOCIATION FOR 20. OUR TEACHING STAFF AND LOCAL POWN, AND POTENTIAL. QUARTERLY SAMPLIY, MATH AND SOCIAL-EMOTIONAL DEVELLS, BREAKFAST, LUNCH, AND SNACKS WIN, SPROUTS AND UNITED WAY.	THE EDUCATION OF YOUNG CHILDR ROFESSIONAL PARTNERS PROVIDE NG OF BRIGANCE SCREENINGS SH OPMENT. OPERATING APPROXIMATE	EN. WE SERVICED A TOTA THE BEST OF CARE TO TH OW THAT MORE THAN 62' ELY 200 CALENDAR DAYS	AL OF 71 HOMELESS CH IE STUDENTS BY MAXIM % ARE EXCEEDING DEV ON CAMPUS DUE TO CO	ILDREN THROUGHOUT THE IZING PERFORMANCE, ELOPMENTAL MILESTONES VID-19, MORE THAN
4b	(Code:) (Expenses \$	359,919 including grants of	of \$ 118.62	L) (Revenue \$)
	THE ACS SO	OCIAL SERVICES TEAM SERVED 39 FAMIL ASSISTANCE FOR RENT, UTILITIES, AND ITS WERE NEWLY EMPLOYED. 71% OR 5	IES PROVIDING FAMILY COUNSELIN MEDICAL NEEDS. 81% OR 30 FAMI	NG, ADVOCACY, CRISIS IN LIES TRANSITIONED FRO	ITERVENTION, REFERRA M HOMELESSNESS TO P	LS, AND EMERGENCY ERMANENT HOUSING. 7%
4c	(Code:) (Expenses \$	including grants o	of \$) (Revenue \$)
	-					
4d		gram services (Describe in Schedule				_
	(Expenses		ding grants of \$) (Revenue	\$)
4e	iotai pro	gram service expenses▶	1,293,482			Form 990 (2020)

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Par	TIV 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐿	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	100	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	4.5		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		No No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No

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Pai	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	Yes					
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? <i>If "Yes," complete Schedule J</i>	23		No				
24a	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		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?							
25a	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		No				
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV							
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes,"	28b 28c		No No				
29	complete Schedule L, Part IV		Yes					
		29	res					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
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		No				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No				
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		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No				
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							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O							
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
·	(qambling) winnings to prize winners?	1c		1				

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

15	2:44 PM Atlanta Childrens Shelter Inc - Full Filing- Nonprofit Explorer - ProPublica is the organization subject to the section 4900 tax on payment(s) or more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2020)
	Page 6			
	Page 6 ———————————————————————————————————			
Form	990 (2020)			Page 6
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	lines
Se	ection 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 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Cod		ı
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take stops to cafeguard the organization's exempt			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
		16b		

Section C. Disclosure

18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ALFRED JOHNSON 607 PEACHTREE STREET NE ATLANTA, GA 30308 (404) 892-3713
	Form 990 (2020)
	Page 7
	rage /
Form	n 990 (2020) Page 7
Pa	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a C year.	Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax
•	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount impensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
	List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bot	t chox, u h an	eck m Inless Office Justee	er	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	related organizations	
(1) SANDRA HOLIDAY EXECUTIVE DIRECTOR	40.00	Х		х				116,307	0	18,609	
(2) PAUL FANCHER IMMEDIATE PAST CHAIR	2.00	Х		х				0	0	0	
(3) MELISSA FRAWLEY VICE CHAIR	2.00	Х		х				0	0	0	
(4) NANCY HOWELL TREASURER	2.00	х		х				0	0	0	
(5) CARRIE SMITH BOARD CHAIR	2.00	Х		х				0	0	0	
(6) BOB ADAMS BOARD MEMBER	0.50	Х						0	0	0	
(7) JULIE BAILEY BOARD MEMBER	0.50	Х						0	0	0	
(8) ALISON CHIOCK SECRETARY	2.00	х						0	0	0	
(9) CHRISTIAN COOPER BOARD MEMBER	0.50	х						0	0	0	
		1			1	1	1	1		i	

(10) CAMERON FOWLER BOARD MEMBER	0.50	х			0	0	0
(11) SCOTT FREED BOARD MEMBER	0.50	х			0	0	0
(12) KENNEDY HICKS BOARD MEMBER	0.50	Х			0	0	0
(13) NICHOLAS HILL BOARD MEMBER	0.50	х			0	0	0
(14) ROBIN HUBIER BOARD MEMBER	0.50	Х			0	0	0
(15) HUA LI BOARD MEMBER	0.50	Х			0	0	0
(16) SCOTT MCGEE BOARD MEMBER	0.50	Х			0	0	0
(17) DWAYNE MCINTYRE BOARD MEMBER	0.50	х			0	0	0

Form **990** (2020)

— Раде 8 —

Form 990 (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)											
(A) Name and title	Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1055-1415C)	(W-2/1099- MISC)	related organizations	
(18) DEAN MYERS	0.50	х						0	0	0	
BOARD MEMBER	•••	^						U	0		
(19) ALAN SALTZMAN	0.50	х						0	0	0	
BOARD MEMBER	•••	^						O	0	0	
(20) STACEY WALLEN	2.00	Х						0	0	0	
BOARD MEMBER	•••	^						O	0		
(21) PAULA CHARLES	0.50	Х						0	0	0	
BOARD MEMBER	•••	^						0	0	0	
(22) SLOANE DRAKE	0.50	Х						0	0		
BOARD MEMBER	•••	^						U	0	U	
(23) NICK JOHNSON	0.50	Х						0	0	0	
BOARD MEMBER	•••	^						U	0	U	
(24) TRACY MCKINNEY	0.50	Х						0	0	0	
BOARD MEMBER	•••	^						U	0	U	
(25) MARIA REARDON	0.50	Х						0	0	0	
BOARD MEMBER	•••	^						U	O	0	
(26) CYNDY ROBERTS	0.50	V						0	0		
BOARD MEMBER	•••	×						0	0	0	
(27) BETHANY RUPERT	0.50	V						0	0		
BOARD MEMBER	•••	×						0	0	0	
(28) GREG RYAN	0.50	V						0	_	0	
BOARD MEMBER	•••	×						0	0	0	

/6/24, 2:44 PM	Atlanta Childre	ens Shelter Inc - Full Fi	ling- Nonprofit Explore	r - ProPublica	_	
(29) CARLA SMITH	0.50 X			0	0	0
BOARD MEMBER		+ + + + -	+		_	
1b Sub-Total						
d Total (add lines 1b and 1c)			116,307	0		18,609
2 Total number of individuals (including of reportable compensation from the	but not limited to those	listed above) who re	ceived more than \$1	00,000		
					Yes	No
3 Did the organization list any former of	officer, director or trustee	e, key employee, or h	nighest compensated	employee on	165	
line 1a? If "Yes," complete Schedule 3			•		3	No
4 For any individual listed on line 1a, is organization and related organization				n the		
individual					4	No
5 Did any person listed on line 1a receive services rendered to the organization	•	•	•		5	No
Section B. Independent Contract				<u> </u>		
1 Complete this table for your five higher from the organization. Report comper					ensation	
	(A)	car chang man or the		(B)	(C)	
Name a	and business address		Desc	ription of services	Compen	sation
					_	
T-t-l	- /:	- d + - +b 1:-+ - d - b			-6	
2 Total number of independent contractor compensation from the organization ▶ (ed to those listed abo	ove) who received m	ore than \$100,000	OI .	
Form 990 (2020) Part VIII Statement of Revenue		- Page 9 ———				Page 9
Check if Schedule O contains	a response or note to ar	ny line in this Part VI	<u> </u>	<u> </u>	<u> </u>	
		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Reven	
			exempt function	business revenue	excluded tax under s	from
			revenue	revenue	512 - 5	
derated campaigns 1a						
derated campaigns						
5 Estimoership dues						
Ic						
389,860						
ilated organizations 1d						
ilated organizations 1d 1d 1d 1d 1e 161,275 1other contributions, gifts, grants,						
161,275 An other contributions, gifts, grants,						
and similar amounts not included above						
1,735,947 g Noncash contributions included in						
lines 1a - 1f:\$ 1g						
52,947 h Total. Add lines 1a-1f	· • • • 2,412,39	1				
<u>' </u>	Business Code				T	
2a						
	_		 		+	
0	1					

/24, 2:44 PM		Atlanta Childrens S	helter Inc - Full Filing-	- Nonprofit Explore	- ProPublica	
9.						
Program Service		_				
8 1						
		_				
f All other program	n service revenue.					
	2a-2f ▶					
	e (including dividends	, interest, and other				
similar amounts)		▶ _	88,265			88,2
	stment of tax-exempt	. i —				
5 Royalties						
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental	6b					
expenses c Rental income	65					
or (loss)	6c					
d Net rental incom	e or (loss)					
	(i) Securities	(ii) Other				
7a Gross amount from sales of	7a					
assets other						
than inventory b Less: cost or						
other basis and	7b					
sales expenses						
c Gain or (loss)	7c					
d Net gain or (loss						
Gross income from (not including \$	fundraising events 389,860 of					
contributions report	ed on line 1c).					
See Part IV, line 18	8	a 0				
b Less: direct expe	<u> </u>	b 0				
c Net income or (Id	ess) from fundraising	events .	0			
Gross income from	n gaming activities					
See Part IV, line 1	0	a				
b Less: direct expe	nses 9	b				
c Net income or (lo	ss) from gaming activ	vities				
	Г					
10aGross sales of inv returns and allow	vances 10	na l				
b Less: cost of goo	<u> </u>	Ob				
	ــــــ oss) from sales of inve	ntory b				
	eous Revenue	Business Code				
11a						
b		1				
c		+				
d All other revenue		 				
e Total. Add lines						
		· · · · · · · L				B
12 Total revenue.	See instructions .		2,500,656	0	0	88,26

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Form 990 (2020) Page **10**

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to a Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	269,790	269,790		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	419,409	296,480	65,899	57,030
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	S			
7 Other salaries and wages	384,860	272,611	58,307	53,942
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,150		564	586
9 Other employee benefits	173,255	122,883	22,286	28,086
10 Payroll taxes	57,938	41,847	9,055	7,036
11 Fees for services (non-employees):				
a Management	76,255	76,255		
b Legal				
c Accounting	13,000		13,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	68,297	54,373	4,954	8,970
14 Information technology				
15 Royalties				
16 Occupancy	95,411	80,688	5,535	9,188
17 Travel	2,725	2,725		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	1,250			1,250
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,129	55,129		
23 Insurance	12,927	11,777	679	471
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND FEES	16,966	6,949	6,154	3,863
b MISCELLANEOUS EXPENSE	6,265	1,975	3,390	900
c	+			
d	+			
e All other expenses	+			
25 Total functional expenses. Add lines 1 through 24e	1,654,627	1,293,482	189,823	171,322
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	1,034,027	1,233,402	103,023	171,322
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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– Page 11 *–*

Form 990 (2020) Page **11**

Part X	Balance Sheet					Page 11
	Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			\square
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing			1,171,382	1	1,722,148
2	Savings and temporary cash investments .				2	
3	Pledges and grants receivable, net			103,769	3	108,248
4	Accounts receivable, net				4	
5	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons		5			
6	·	fied pe	rsons (as defined under		6	
_{το} 7	Notes and loans receivable, net				7	
ssets	Inventories for sale or use				8	
SS 9	Prepaid expenses and deferred charges			70,748	9	18,540
10:	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,552,032			
l t		10b	1,050,216	481,794	10c	501,816
11	Investments—publicly traded securities .			2,389,714	11	2,825,697
12	Investments—other securities. See Part IV, line	11 .			12	
13	Investments—program-related. See Part IV, line		<u> </u>		13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must eq.		_	4,217,407	16	5,176,449
17	Accounts payable and accrued expenses		•	67,713	17	43,776
18	Grants payable	-, -	18	-, -		
19	Deferred revenue		-		19	
20	Tax-exempt bond liabilities			20		
2.	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons	ner offi butor, o	cer, director, trustee, key or 35% controlled entity			
<u></u>			_		22	
23	Secured mortgages and notes payable to unrela		· —		23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		s to related third parties,		25	
26	Total liabilities. Add lines 17 through 25 .			67,713	26	43,776
Fund Balances	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🕨 🗹 and	3.852.645	27	4,921,737
33		•		· · ·		· · ·
B 28	Net assets with donor restrictions			297,049	28	210,936
	Organizations that do not follow FASB ASC complete lines 29 through 33.		check here 🕨 🗆 and	<u>.</u>		
o 29	Capital stock or trust principal, or current funds		· · · · <u> </u>		29	1
30	Paid-in or capital surplus, or land, building or ed		<u> </u>		30	
Assets 31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
32	Total net assets or fund balances		[4,149,694	32	5,132,673
33 34 35	Total liabilities and net assets/fund balances .			4,217,407	33	5,176,449

Form **990** (2020)

—— Page 12 ——

Form 990 (2020) Page **12**

	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			,500,656
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,654,627 846,029
3	Revenue less expenses. Subtract line 2 from line 1	3	· · · · · · · · · · · · · · · · · · ·		
4	4	4,149,69			
5	Net unrealized gains (losses) on investments	5			144,458
6	Donated services and use of facilities	6			185,680
	Investment expenses	7			
8	Prior period adjustments	8			100.101
	Other changes in net assets or fund balances (explain in Schedule O)	9			-193,188
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		5	,132,673
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	\square Separate basis \square Consolidated basis \square Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requiaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
			F	orm 99	0 (2020)
	202 (2020)				
	990 (2020)				
Ad	ditional Data		Retur	n to Fo	rm
	C-A				
	Software ID:				
	Software Version: 1990, Special Condition Description:				
Orn					
	Special Condition Description				

efile Public Visual Render

ObjectId: 202102929349300205 - Submission: 2021-10-19

TIN: 58-1675299

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZU

Name of the organization
ATLANTA CHILDREN'S SHELTER INCORPORATED

Employer identification number
58-1675299

							58-1675299	
	rt I	Reason for Public ration is not a private four	Charity Stat	us (All organization	s must comple	te this part.)	See instructions.	
_	rganiz						(A)(:)	
1		A church, convention of	,					
2		A school described in se			•	,,		
3		A hospital or a cooperat	•	-			. •	
4		A medical research organame, city, and state:	anization operat	ed in conjunction with	a hospital descri	bed in section	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit describ	oed in section
6		A federal, state, or local	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	A)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from a	governmental u	unit or from the genera	al public described in
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	rmally receives: to its exempt fur unrelated busin 509(a)(2). (Co	(1) more than 331/3% nctions—subject to cerl less taxable income (le complete Part III.)	o of its support fit tain exceptions, ess section 511 t	rom contribution and (2) no more ax) from busines	ss, membership fees, as than 331/3% of its su sses acquired by the o	pport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		An organization organiz more publicly supported in lines 12a through 12d	d organizations	described in section 5	609(a)(1) or se	ction 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	rganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the san				
С		Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the orgintegrated, or Type III r	ganization receinon-functionally	ved a written determir integrated supporting	nation from the I organization.	RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	r the number of supported	d organizations				<u> </u>	
g		de the following informat					((-i) Amount of
	(I) F	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
T - 4:								
Tota For F		work Reduction Act No	Lice, see the Ti	nstructions for	Cat. No. 11285	<u> </u> SF	 Schedule A (Form 9	 90 or 990-EZ) 2020
		or 990-EZ.	, see the I		540. 110. 11200	·-	Seriousie A (Form 5	
				Pa	ge 2 ———			
Sche	dule A	(Form 990 or 990-EZ) 20	020					Page 2
Pa	rt II	Support Schedule	e for Organiz	zations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)(1	
				ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

determination.

		JU			
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	3с			
Ta	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a			
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.	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
Ĭ	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.	4c			
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).	5a			
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?	FL			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	<u> </u>			
Ū	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6			
•	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			<u> </u>	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).				
_		8			
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 .				
		9a			
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.				
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in	9b			
·	which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b			
	Schedule A (Form 990	or 99	0-EZ)	2020	
	Page 5				
Sche	dule A (Form 990 or 990-EZ) 2020		F	Page 5	
Par	t IV Supporting Organizations (continued)		1	ı	
	Has the appropriation accorded a nife or contribution force and of the following		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 in lines 11b and 11c below, the governing body of a supported organization?	11a			
b	A family member of a person described in 11a above?	11a 11b			
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b			
	VI.				
_Se	ction B. Type I Supporting Organizations		Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		162	No	
•	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,				
	applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that				
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization.	2			
Se	ection C. Type II Supporting Organizations				
	··		Voc		

					163	110	
1	y of the directors or trustees of ol or management of the ported organization(s).	1					
Se	ection D. All Type III Supporting Organizations						
	action of An Type 111 Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the	prior tax year, (ii) a copy of the				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "lorganization maintained a close and continuous working relationship with the supported	No," e.	xplain in Part VI how the	2			
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.						
Se	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
ā	The organization satisfied the Activities Test. Complete line 2 below.						
t	The organization is the parent of each of its supported organizations. Complete	line	3 below.				
c	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
ā	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the substantially all of its activities.	Part \ oses, i	/I identify those supported how the organization was	2a			
t	 b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 						
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b			
a	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No" provide details in Part VI.	cers, o	directors, or trustees of each of	3a			
t	Did the organization exercise a substantial degree of direction over the policies, prograsupported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b			
			Schedule A (Form 99	0 or 99)0-EZ)	2020	
	Page 6						
	dule A (Form 990 or 990-EZ) 2020 rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations		Р	age 6	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organiza				e		
	Section A - Adjusted Net Income			(B) Cur	rent Yea	r	
	•	_		(opti	onal)		
1 	Net short-term capital gain Recoveries of prior-year distributions	2					
	. ,						
3 4	Other gross income (see instructions) Add lines 1 through 3	3 4					
_ - -	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
a	Average monthly value of securities	1a					
ŀ	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					

d	Total (add lines 1a, 1b, and 1c)	1d	1
е	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
_	,	_	
	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2		1 2	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
1 2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year
1 2 3 4	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year

instructions)

Schedule A (Form 990 or 990-EZ) 2020

—— Page 7 —

Schedule A (Form 990 or 990-EZ) 2020

Page 7

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	·
10 Line 8 amount divided by Line 9 amount	10	
(::)		(:::)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			_
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			

8/6/24, 2:44 PM Atlan	ta Childrens Shelter Inc - Full Fili	ng- Nonprofit Explorer - ProPubl	lica
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
	——— Page 8 ———	Schedule A (Form 990 or 990-EZ) (2020)
Schedule A (Form 990 or 990-EZ) 2020			Page 8
Part VI Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect	2; Part IV, Section C, line 1; tion B, line 1e; Part V
F	acts And Circumstances Tes	st	
Return Reference	E	Explanation	
		Schedule A	(Form 990 or 990-F7) 2020

Additional Data Return to Form

Software ID: Software Version:

(Form 990, 990-EZ,	Schedule of Contributors	OMB No. 1545-0047
`		
	Attach to Form 990, 990-EZ, or 990-PF. www.irs.gov/Form990 for the latest information.	2020
Name of the organization ATLANTA CHILDREN'S SHELTER INCORPORATED		Employer identification number
Organization type (check one):		58-1675299
Filers of: Section:		
There of.		
Form 990 or 990-EZ	number) organization	
4947(a)(1) nonex	rempt charitable trust not treated as a private found	dation
☐ 527 political orga	nization	
Form 990-PF	private foundation	
4947(a)(1) nones	rempt charitable trust treated as a private foundatio	n
☐ 501(c)(3) taxable	private foundation	
under sections 509(a)(1) and 170(b)(1)(A)(v received from any one contributor, during the 990, Part VIII, line 1h, or (ii) Form 990-EZ, li	(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 ⁹ , that checked Schedule A (Form 990 or 990-EZ), e year, total contributions of the greater of (1) \$5,00 ne 1. Complete Parts I and II. (c)(7), (8), or (10) filing Form 990 or 990-EZ that renan \$1,000 exclusively for religious, charitable, scie	Part II, line 13, 16a, or 16b, and that 00 or (2) 2% of the amount on (i) Form exceived from any one contributor,
purposes, or for the prevention of cruelty to For an organization described in section 50' during the year, contributions exclusively for If this box is checked, enter here the total co purpose. Don't complete any of the parts un	children or animals. Complete Parts I, II, and III. (c)(7), (8), or (10) filing Form 990 or 990-EZ that re religious, charitable, etc., purposes, but no such contributions that were received during the year for all ess the General Rule applies to this organization by \$5,000 or more during the year	eceived from any one contributor, ontributions totaled more than \$1,000. n exclusively religious, charitable, etc., because it received nonexclusively
Caution: An organization that isn't covered by the 0 990-EZ, or 990-PF), but it must answer "No" on Paror on its Form 990PF, Part I, line 2, to certify that it 0 990-EZ, or 990-PF).	t IV, line 2, of its Form 990; or check the box on line	e H of its Form 990-EZ
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X Sche	dule B (Form 990, 990-EZ, or 990-PF) (2020)
	Page 2 —————	
Schedule B (Form 990, 990-EZ, or 990-PF) (2020)		Page 2

Name of organization

Employer identification number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
		<u> </u>	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
	•	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
	Page 3		
Schedule B	(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
Name of org	anization	Employer identificati	
	ELDREN'S SHELTER INCORPORATED	58-1675299	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(a)	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

(a) No. from Part I	Transferee's name, address, and Z	ibutor. Complete columns (a) the total of exclusively religious, characteristics. (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Descri	iption of how gift is held to transferee iption of how gift is held		
(a) No. from Part I	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional spanning (b) Purpose of gift Transferee's name, address, and Z	ibutor. Complete columns (a) the total of exclusively religious, characteristics. (c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Descri	ing line entry. For the of \$1,000 or less for the iption of how gift is held to transferee		
(a) No. from Part I	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional spanning (b) Purpose of gift Transferee's name, address, and Z	ibutor. Complete columns (a) the total of exclusively religious, characteristics.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(d) Descri	ing line entry. For the of \$1,000 or less for the iption of how gift is held to transferee		
(a)	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional spanning (b) Purpose of gift	ibutor. Complete columns (a) the total of exclusively religious, characteristics. See is needed. (c) Use of gift (e) Transfer of gift	(d) Descri	ng line entry. For ns of \$1,000 or less for the iption of how gift is held		
(a)	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional spanning (b) Purpose of gift	ibutor. Complete columns (a) the total of exclusively religious, characteristics. See is needed. (c) Use of gift (e) Transfer of gift	(d) Descri	ng line entry. For ns of \$1,000 or less for the iption of how gift is held		
(a)	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See instruse duplicate copies of Part III if additional spanning the part III is addit	ibutor. Complete columns (a) the total of exclusively religious, charactions.) \(\)	rough (e) and the followin naritable, etc., contribution ————————————————————————————————————	ng line entry. For ns of \$1,000 or less for the		
	than \$1,000 for the year from any one controrganizations completing Part III, enter the year. (Enter this information once. See insti	ibutor. Complete columns (a) th total of exclusively religious, ch ructions.) ► \$	rough (e) and the following	ng line entry. For		
ATLANTA C						
Name of o	rganization CHILDREN'S SHELTER INCORPORATED		Employer ide 58-1675299	ntification number		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)	Page 4		Page 4		
			<u> </u>	m 990, 990-EZ, or 990-PF) (2020)		
No. from Part I	Description of noncash p	property given	FMV (or estimate) (See instructions)	Date received		
(a)	(b)		(c) (d)			
No. from Part I	(b) Description of noncash p	property given	FMV (or estimate) (See instructions)	(d) Date received		
- (a)			(c)			
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
(a) No. from Part I	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-			\$			
	(b) Description of noncash p	property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
(a) No. from Part I						

6/24, 2:44 PM No. 110111 Part I	(v) Fulpose of gift	nta Childrens Shelter Inc - Full Filing- Nonpro (G) USE OI GIII	(u) Description of now girt is neighbor.
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
		Sci	hedule B (Form 990, 990-EZ, or 990-PF) (202
Additiona	l Data		Return to Form

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ObjectId: 202102929349300205 - Submission: 2021-10-19

TIN: 58-1675299

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public

nterna	al Revenue Service Go to www.irs.gov/Form	for instructions and the latest info	rmation. Inspection
	me of the organization ANTA CHILDREN'S SHELTER INCORPORATED		Employer identification number
			58-1675299
Pa	organizations Maintaining Donor Advistance Complete if the organization answered "Yes	sed Funds or Other Similar Funds of Simi	or Accounts.
	Complete if the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) come conscionation	
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 advisor organization's property, subject to the organization's exceptions.		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	be used only for
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organ		
_	Preservation of land for public use (e.g., recreation		h historically important land area
			, ,
	Protection of natural habitat	Preservation of a	certified historic structure
_	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.		rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	, ,	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is located	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 1	.70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	ense statement, and
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under FASB As historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	C 958, not to report in its revenue statement ic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	C 958, to report in its revenue statement a	
	(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, historic	cal treasures, or other similar assets for fina	· ———
•	following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	_	▶ ¢
a			
b	Assets included in Form 990, Part X		🟲 🖇

Cat. No. 52283D

https://projects.propublica.org/nonprofits/organizations/581675299/202102929349300205/full

Schedule D (Form 990) 2020

—— Page 2 ————

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D	(Form 990) 2020												Page 2
a public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations Preservation for future generations Provide a description of the organization sollections and explain how they further the organization's exempt purpose in Parx XIII. 5 During the year, did the organization sollection receive donations of art, historical treasures or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collections. Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, mustee, custodian or other intermediary for contributions or other assets not microdiction from 950, Part X, line 21. 1a Is the organization an agent, mustee, custodian or other intermediary for contributions or other assets not microdiction from 950, Part X, line 21, for escrow or custodial account in the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Amount	Par	t III	Organizations M	aintaining Col	lections o	of Art, F	listori	cal Tr	easur	res, o	r Other	Similar A	ssets (cont	inued)	
Scholarly research		Using items	the organization's acq (check all that apply):	uisition, accession	n, and other	records,		ny of	the foll	owing t	that are a	a significant ı	use of its coll	ection	
Portivide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII	а		Public exhibition				a		Loan c	or exch	ange pro	grams			
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar sesses to be sold to raise funds rather than to be maintained as part of the organization's collection?. Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. 1c Distributions during the year. 1d Distributions during the year. 1e Distributions during the year. 2 Distributions during the year. 2 Distributions during the year. 3 Distributions during the year. 2 Distributions during the year. 3 Distributions during the year. 4 Distributions during the year. 5 Distributions during the year. 6 Distributions during the year. 9 Distributions during the year. 1 Distributions during the year. 2 Distributions during the year. 3 Distributions during the year. 4 Distributions during the year. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 3 Distributions during the year. 4 Described organizations 5 Distributions during the year. 1 Distributions during the year. 1 Distributions during the year. 1 Distributions during the year. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) h	b		Scholarly research				е		Other	•					
Part XIII. 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	С		Preservation for future	e generations											
Series S	4			organization's col	lections and	explain	how the	y furth	er the	organiz	zation's e	xempt purpo	ose in		
Complete if the organization answered "Yes" on Form 990, Part IX, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes	5	Durin asset	g the year, did the org s to be sold to raise fu	anization solicit or nds rather than to	receive doi be maintai	nations o ned as pa	f art, his art of the	storica e orga	l treasu nizatior	ures or n's colle	other sin	nilar 	☐ Yes		D
b If "Yes," explain the arrangement in Part XIII and complete the following table: Baginning balance	Par	t IV	Complete if the or			" on For	m 990,	Part	IV, line	e 9, or	reporte	ed an amou	ınt on Form	990, F	Part X,
d Additions during the year	1a												☐ Yes		0
d Additions during the year	h	If "Vc	s " evolain the arrange	ament in Part VIII	and comple	te the fo	llowing t	tahla:				Δ	mount		_
d Additions during the year			, ,								1c				_
e Distributions during the year	_	_	_								1d				_
The permanent endowment The estimated percentage of the current year end balance (line 1g, column (a)) held as: Permanent endowment Permanent end	е										1e				_
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	f		- ,								1f				_
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	2-									l	seesunt li	ahilita/2			- -
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	_		-		·	•	•					•		∪ N	D
Tomplete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance Complete in the organization answered "Yes" on Form 990, Part IV, line 10. b Contributions Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property Complete in the organization and the pass (other) Complete in the organization and the pass (o					CHECK HERE	e ii tiie ex	кріапаці	JII IIas	рееп р	rovided	u III Part	XIII	U		
	Га	I C V			vered "Yes	" on For	m 990,	Part	IV, line	e 10.					
b Contributions			•								ears back	(d) Three ye	ars back (e)	Four year	s back
to Net investment earnings, gains, and losses d Grants or scholarships	1a	Beginn	ing of year balance .												
d Grants or scholarships	b	Contrib	outions												
e Other expenditures for facilities and programs	С	Net inv	estment earnings, gair	ns, and losses											
and programs	d	Grants	or scholarships	•											
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ b Permanent endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations				es											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ Crame endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Admini	strative expenses .												
a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	g	End of	year balance												
Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations			•	-	ent year end	l balance	(line 1g	ı, colur	mn (a))) held a	ıs:				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	b	Perm	anent endowment 🕨			·····									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	c	Term	endowment 🕨												
reganization by: (i) Unrelated organizations Sa(i)		The p	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%.									
(ii) Related organizations	3а			not in the posses	sion of the	organizat	ion that	are he	eld and	admin	istered fo	or the		Yes	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		(i) U	nrelated organizations										3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			-												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements 1,315,035 903,397 411,638 d Equipment e Other			. ,.	-		•			? .				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Book value (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value						n s endov	willent it	unas.							
Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value	Par	t VI				" on For	m 990	Part	TV line	e 11a	See For	rm 990 Pai	rt X line 10)	
b Buildings c Leasehold improvements 1,315,035 903,397 411,638 d Equipment 149,158 69,989 79,169 e Other 87,839 76,830 11,009		Descri		(a) Cost or oth	er basis										2
c Leasehold improvements 1,315,035 903,397 411,638 d Equipment 149,158 69,989 79,169 e Other 87,839 76,830 11,009	1a	Land													-
c Leasehold improvements 1,315,035 903,397 411,638 d Equipment 149,158 69,989 79,169 e Other 87,839 76,830 11,009	b	Buildin	gs												
d Equipment 149,158 69,989 79,169 e Other 87,839 76,830 11,009			-					1,31	5,035			903,397			411,638
e Other			·					14	9,158			69,989			79,169
								8	7,839			76,830			11,009
				Column (d) must e	equal Form S	990, Part	X, colur	nn (B)	, line 1	!0(c).)		•			501,816

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Page **3**

Part VII	Complete if the organization answered "Yes" on Form 990, F	Part IV. line	e 11b.	See Form 990. Pa	art X.	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	<u> </u>	(c) Method Cost or end-of-	d of va	luation:
(1) Financia	ıl derivatives					
	held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments Program Related.	Down TV Line	. 11.	Coo Forms 000 D	V	line 12
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, IIII	e 11c.	(b) Book value	(c)	Method of valuation:
					Cosi	or end-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		٠			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, line	11d.	See Form 990, Part	X, lin	e 15. (b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
					٠	
Part X	Other Liabilities.					

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.

(a) Description of liability

(b) Book value

(1) Federal income taxes				
(2)				
(3)				
(4)				
•				
5)				
6)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote t	o the or			nat reports the
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	text of the footnote has	heen nrov	ided in Part XIII
gameaton's nature, for anothern tax positions and in 111 to (166 7 to). Shock no			•	e D (Form 990) 2020
			Schedul	e D (Form 990) 2020
Page 4				
hedule D (Form 990) 2020				Page 4
Part XI Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered 'Yes' on Form 990, Pa			eturn.	
Total revenue, gains, and other support per audited financial statements .			1	2,830,794
Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	144,458	3	
b Donated services and use of facilities	2b	185,680)	
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	330,138
Subtract line 2e from line 1			3	2,500,656
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
a Investment expenses not included on Form 990, Part VIII, line 7b .	4a		1 1	
b Other (Describe in Part XIII.)	4b		4	
c Add lines 4a and 4b			4c	0
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	<u> </u>		5	2,500,656
Part XII Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa			keturn.	
Total expenses and losses per audited financial statements			1	1,840,310
Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	185,680		
b Prior year adjustments	2b		1 1	
c Other losses	2c		1 1	
d Other (Describe in Part XIII.)	2d		4 _ 1	
e Add lines 2a through 2d	• •		2e	185,680
Subtract line 2e from line 1			3	1,654,630
a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a Investment expenses not included on Form 990, Part VIII, line /b	4a 4b	-3		
c Add lines 4a and 4b			4c	-3
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	1,654,627
Part XIII Supplemental Information			4	,,,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			V, line 4;	Part X, line 2; Part XI,
Return Reference	iiy auuiti			
ART XII, LINE 4B - OTHER ADJUSTMENTS: ROUNDING -3.		Explanation		

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TIN: 58-1675299

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2020

	Cor				on Form 990, Part IV, lines		9, or if the	2020
Department of the Treasury nternal Revenue Service			►Atta	ch to Form	n \$15,000 on Form 990-EZ, l 990 or Form 990-EZ. instructions and the latest ir			Open to Public Inspection
Name of the organization ATLANTA CHILDREN'S SHE	TER INC						Employer ide	ntification number
TEANTA CHIEDREN 3 3H	LILK INC	JKI OKATED					58-1675299	
	-	ies. Complete if re not required to	_		answered "Yes" on F	orm 990,	Part IV, line 1	7.
		· · · · · · · · · · · · · · · · · · ·			ollowing activities. Check	all that a	nnly	
O	o organizat	lion raiseu runus tri	rough an	y or the it				
_					_	-	•	
b Internet and ema	aii soiicitat	ions		f	_		grants	
c Phone solicitation	าร			g	Special fundraisin	g events		
d In-person solicita	ations							
					vidual (including officers, on with professional fund		rvices?	es 🗆 No
b If "Yes," list the 10 h to be compensated				draisers)	pursuant to agreements	under wh	ich the fundraise	er is
(i) Name and address of i or entity (fundraise		(ii) Activity	fundrai cust cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	or r	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
「otal				. ▶				
3 List all states in which licensing.	the organ	ization is registered	d or licen	sed to soli	icit contributions or has l	peen notif	ied it is exempt i	from registration or
=======================================								
or Paperwork Reduction A	ct Notice, s	ee the Instructions	for Form	990 or 990	O-EZ. Cat. No.	50083H	Schedule G ((Form 990 or 990-EZ) 2020
Schedule G (Form 990 or	990-F7) 20	120		—— Pa	ge 2 ———————————————————————————————————			Page 2
			e organ	ization a	nswered "Yes" on For	m 990, F	Part IV, line 18	
					gross income on Forn			

gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		LADIES LUNCH	HOLIDAY HOUSE	4 (total number)	col. (c))
		(event type)	(event type)	(total number)	
ıue					
Revenue					
R					
	1 Gross receipts	109,395	77,624	202,841	389,860
	2 Less: Contributions3 Gross income (line 1 minus	109,395	77,624	202,841	389,860
	line 2)				
	4 Cash prizes				
S	5 Noncash prizes				
nse	6 Rent/facility costs				
xbe	7 Food and beverages				
Direct Expenses	8 Entertainment				
Öjre	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	
	11 Net income summary. Subtract line 10	from line 3, column (d)			
Par	t III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
41	on Form 990-EZ, line 6a.				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve					
	1 Gross revenue				
enses	2 Cash prizes				
per	3 Noncash prizes				
EXP					
Direct	4 Rent/facility costs				
ш	5 Other direct expenses				
		☐ Yes%_	☐ Yes%_	☐ Yes%	
	6 Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1 colum	n (d)		
_					<u> </u>
9	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				
a b	If "No," explain:				∪ tes ∪ NO
					₋
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				
					1
				Schedule G (Form 990 or 990-EZ) 2020

Sche	dule G (Form 990 or 990	-EZ) 2020					ı	Page 3
11	Does the organization of	conduct gaming	activities with nonmembe	ers?		· 🗆 Yes	□No	
12	Is the organization a gr formed to administer cl			a member of a partnership or other entity		Yes		
13	Indicate the percentage	e of gaming act	ivity conducted in:				_ 110	
а	The organization's facili	ity			. 13a			%
b	An outside facility .				. 13b			%
14	Enter the name and add	dress of the pe	rson who prepares the org	anization's gaming/special events books ar	nd records	:		
	Name							
	Address							
15a	Does the organization herevenue?	nave a contract	with a third party from wh	nom the organization receives gaming		· 🗌 Yes	□No	
b			revenue received by the or y the third party > \$	ganization 🕨 \$ an				
c	If "Yes," enter name an	ıd address of th	ne third party:					
	Name 🕨							
	Address							
16	Gaming manager inform Name Gaming manager comp							
	Description of services	provided -						
	☐ Director/officer		☐ Employee	☐ Independent contractor				
17 a	Mandatory distributions Is the organization requ retain the state gaming	uired under sta	te law to make charitable (distributions from the gaming proceeds to		· 🗌 Yes	□No	
b			ired under state law distril	buted to other exempt organizations or spe	ent			
Par				ations required by Part I, line 2b, colu plicable. Also provide any additional in				s.
	Return Reference	ce		Explanation				
			•	So	hedule G (Form 990 or	990-EZ)	2020
Ac	ditional Data					Return	to Form	1

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TIN: 58-1675299

OMB No. 1545-0047

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I
(Form 990)

Grants and Other Assistance to Organizations,

Department of the freasury nternal Revenue Service		Government Complete if the org		QUZU Open to Public Inspection			
Name of the organization NTLANTA CHILDREN'S SHELTER IN	CORPORATED)				58-1675299	tification number
		ants and Assistanc					
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the g	rants or assistance? .				e, and	✓ Yes □ No
Part II Grants and Other A	ssistance to	Domestic Organization	ons and Domestic Govern	ments. Complete if the o	rganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
that received more the (a) Name and address of	nan \$5,000. P (b) EIN		if additional space is neede on (d) Amount of case		(f) Method of valuation	(g) Description of	f (h) Purpose of grant
organization or government		(if applicable		cash assistance	(book, FMV, appraisal, other)	noncash assistanc	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
77)							
(8)							
(9)							
(10)							
(11)							
(12)							
Schedule I (Form 990) 2020			Page 2	ing and the state of the state	000 Park IV line 22		Page 2
Part III Grants and Other A Part III can be duplic			. Complete if the organizat	on answered tes on For	11 990, Part IV, IIIle 22.		
(a) Type of grant or assista	ince	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (FMV, appraisal, other		ion of noncash assistance
(1) MENTAL HEALTH THERAPY SI CHILDREN AND THEIR PARENTS	ERVICES FOR	. 110		22,125 COST	F	PROFESSIONAL THERAF	PIST
(2) RENT ASSISTANCE, UTILITIE VARIOUS MISCELLANEOUS EXPERIENCE THE FAMILY BACK TO BEING PRODUCTIVE.	ENSES TO	39	62,757				
(3) THE ACS NUTRITION PROGR PROVIDED DAILY BREAKFAST, SI LUNCH FOR 62 CHILDREN THRO YEAR.	NACK AND	71		39,295 COST	C	CATERED MEALS	
(3)							
(4)							
(5)							
(6)							
7)							
D 1 71/ C 1			mation required in Part	I, line 2; Part III, colum	nn (b); and any other ac	lditional information	
Part IV Supplemental	Explanat	ion		OF CRANT FUNDS IN THE	IIS ALL DECIDIENTS OF	INANCIAL ACCICTANCI	A DE HOMELECC AND EITHED
Return Reference		ATTONIAL PROCESURES	EOD MONITODING THE HOS				
Return Reference SCHEDULE I, PART I, LINE 2:	ORGANIZA OR VERY L OFTEN IDI SUFFICIEN FIRST BY	ENTIFY INSTANCES OF F NCY. THE NEED AND REC	ED BY THE US DEPT OF HO FINANCIAL NEED FOR A CLI QUEST FOR FINANCIAL ASS	USING AND URBAN DEVEL ENT THAT ARE KEY IN MA ISTANCE ARE WELL DOCU	OPMENT. AS FAMILIES WOF INTAINING A CLIENT'S BAS MENTED IN CLIENT RECOR	RK TOWARD SELF-SUFF IC WELL-BEING AND/C DS. PAYMENTS FOR AS	FIGURE OF THE STATE OF T

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TIN: 58-1675299

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.

▶Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ATLANTA CHILDREN'S SHELTER INCORPORATED Employer identification number

58-1675299

Pa	rt I 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 1q	n	(d Method of do oncash contrib	etermi		īs
1	Art—Works of art								
	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household			35.974	THRIF	T SHOP VALUE			
_	goods	Х		23,511					
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .								
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
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								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	DONATED APPLIANCES AND OFFICE Other ▶ (SUPPLIES)	X	2	7,650	SELLI	NG PRICE			
26	Other ► (GIFTCARDS)	Х	0	5 760	SELLI	NG PRICE			
	DONATED TOYS AND	X	6	·		NG PRICE			
27	Other ► (BOOKS)								
28	VARIOUS Other ► (SUPPLIES)	X	3	,		NG PRICE			
20	GAME Other ► (TICKETS)	X	1		SELLI	NG PRICE			
29	Number of Forms 8283 received by the for which the organization completed				29			Yes	No
30a	During the year, did the organization hold for at least three years from the purposes for the entire holding perion	e date of th						163	NO
b	If "Yes," describe the arrangement in						30a		No
31	Does the organization have a gift acc		olicy that requires the review	v of any nonstandard contrib	utions	?	31		No
32a	Does the organization hire or use thi contributions?	rd parties	or related organizations to so	olicit, process, or sell noncas	sh •		32a		No
ь 33	If "Yes," describe in Part II. If the organization didn't report an a	mount in c	column (c) for a type of prope	erty for which column (a) is	checke	ed,			

describe in Part II.

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Cat. No. 51227J

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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.

Return Reference

Explanation

Schedule M (Form 990) (2020)

Additional Data

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Software ID: Software Version:

efile Public Visual Render

ObjectId: 202102929349300205 - Submission: 2021-10-19

TIN: 58-1675299

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

Name of the organization

ATLANTA CHILDREN'S SHELTER INCORPORATED

Employer identification number

58-1675299

	30-10/3239
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ACS MUST ELECT AT LEAST 1 PERSON NOMINATED BY THE NORTH AVENUE PRESBYTERIAN CHURCH IN ACCORDANCE TO THE NAPC LEASE COVENANT AND THE ORGANIZATION'S BY-LAWS. THE CURRENT PRESIDENT OR IMMEDIATE PAST PRESIDENT OF THE JUNIOR LEAGUE OF ATLANTA IS ALSO ENTITLED TO SERVE AS AN EX-OFFICIO MEMBER OF THE BOARD FOR A ONE-YEAR PERIOD WITH ALL PRIVILEGES AND RESPONSIBILITIES OF OTHER BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B	COMPLETED COPY OF FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW PRIOR TO FILING. UPON RESOLUTION OF ANY CONCERNS REGARDING THE RETURN, THE FINANCE COMMITTEE VOTES TO APPROVE SUBMITTAL TO THE FULL BOARD OF DIRECTORS. ONCE THE BOARD OF DIRECTORS VOTES APPROVAL, IT IS THEN REPORTED TO THE EXECUTIVE DIRECTOR BY THE BOARD SECRETARY TO SIGN AND REQUEST EXTERNAL AUDITORS TO FILE THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED AT THE BEGINNING OF EACH YEAR BY ALL EMPLOYEES AND BOARD MEMBERS, AND ARE REVIEWED BY THE EXECUTIVE DIRECTOR. THESE ARE DISCUSSED AS NECESSARY WITH THE BOARD PRESIDENT, AND WITH EMPLOYEES AND DIRECTORS AS APPLICABLE. CONFLICT OF INTEREST FORMS CAN BE REVISED DURING THE FISCAL YEAR SHOULD A CONFLICT ARISE AND THE FORMS ARE REVIEWED BY THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF EMPLOYEES, INCLUDING THE EXECUTIVE DIRECTOR IS REVIEWED BIANNUALLY BY OUTSIDE INDEPENDENT ENTITY.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE PURSUANT TO ANY REASONABLE REQUEST. ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AND ALSO AT CHARITY NAVIGATOR (WWW.CHARITYNAVIGATOR.ORG) AND GUIDESTAR (WWW.GUIDESTAR.ORG).
FORM 990, PART XI, LINE 9:	DONATED FACILITY USE (EXPENSED PER BOOKS) -185,680. PY ADJUSTMENT TO FUND BALANCE -7,505. ROUNDING -3.
PART XII, LINE 2C	NO CHANGE IN POLICY FROM PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

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