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TIN: 58-1675299OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

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

2022

Co to warm in any (Form 000 for instructions and the latest information

Open to Public Inspection

	nent of the Treasury Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	iatest ii	ntormati	on.		Inspection
A F	or the 2022 c	l alendar year, or tax year beginning 01-01-2022 , and ending 12-3	1-2022				
O Ad	ck if applicable: dress change me change	C Name of organization ATLANTA CHILDREN'S SHELTER INCORPORATED		ſ	58-1675		fication number
O Ini	tial return	Doing business as					
_	l return/terminated ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	E	Telephone	e number	
О Ар	olication pending	PO BOX 54322			(404) 89	92-3713	}
		City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30308		(G Gross rec	ceipts \$ 2	2,335,117
		F Name and address of principal officer: CAMERON TURNER	H(a)	Is this a	group ret	urn for	
		PO BOX 54322 ATLANTA, GA 30308	H(b)	subordin Are all su	ates? ubordinate	es	☐Yes ☑No
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527		included	?		Yes No instructions.
J W	ebsite: ► WW	/W.ACSATL.ORG	H(c)	Group ex			
K Forn	n of organization:	Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	of formation	ո։ 1986	M State	of legal domicile: GA
Pa	rt I Sum	mary					
Activities & Governance	AND PROV				TO LONG.		
×ĕ		of voting members of the governing body (Part VI, line 1a)				3	29
ties		of independent voting members of the governing body (Part VI, line 1b)				5	29
), (I		nber of volunteers (estimate if necessary)				6	365
Ř	7a Total unre	elated business revenue from Part VIII, column (C), line 12				7a	0
	b Net unrel	ated business taxable income from Form 990-T, Part I, line 11				7b	0
				Prior \			Current Year
2		ions and grants (Part VIII, line 1h)			2,061,8	0	2,194,129
Revenue	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)			122,9		118,562
æ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,0	_	0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,185,7		2,312,691
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)			135,8	10	202,422
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0	0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			1,020,7	61	1,105,810
Expenses		anal fundraising fees (Part IX, column (A), line 11e)				0	0
æ		aising expenses (Part IX, column (D), line 25) \$\int 222,823			204 5	22	402.260
zenii	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e) enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			384,5		482,260 1,790,492
	•	less expenses. Subtract line 18 from line 12			644,69		522,199
ces			Begi	inning of C		_	End of Year
Net Assets or Fund Balances	20 Total asse	ets (Part X, line 16)			6,027,4	05	6,036,946
et A		ilities (Part X, line 26)			29,8	75	61,893
žĪ	22 Net asset	s or fund balances. Subtract line 21 from line 20			5,997,5	30	5,975,053

Part II Signature Block

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

Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? See Instructions. Print/Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Date 2023-11-13 Check if self-employed Print's self-employed Firm's name CARR RIGGS & INGRAM LLC Firm's address 4004 SUMMIT BLVD NE SUITE 800 ATLANTA, GA 30319 May the IRS discuss this return with the preparer shown above? See Instructions. Page 2 Page 2						2023-11-13	
Paid Preparer Paid Preparer	Sign	Sig	gnature of officer			Date	
Prior Pri	Here						
Paid Preparer Use Only Firm's name		y 19		Preparer's signature	Date	I O I PTI	N
Preparer Use Only Imms same	Paid		4 775 5 5 5 5 5	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Check ☐ if P01	
May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (2022) Page 2 Form 990 (2022) Page 1 Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Page 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 If Yes, describe these enables on Schedule O. If Yes, describe these changes on Schedule O. If Yes, describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses, services? If Yes, describe these changes on Schedule O. Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses, section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 990.887 including orants of \$ 190.994) (Revenue \$ 100.004 (Revenue \$ 10.004 (Revenue \$ 100.004 (Revenue \$ 1		arer	Firm's name CARR RIGGS & INGF	RAM LLC	•		96621
May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y Form 990 (2022) Page 2 Form 990 (2022) Page 7 Form 990 (2022) Page 8 Form 990 (2022) Page 90 (2022) Fage 90 (2022) Far IIII Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Parl III .	Use (Only	Firm's address ► 4004 SUMMIT BLVD	NE SUITE 800		Phone no. (770) 394	1-8000
Page 2 Page 2 Page 2 Page 3 Page 4 Page 5 Page 5 Page 6 Page 7 Page 6 Pag			ATLANTA, GA 30319)			
Page 2 Page 2 Page 2 Page 3 Page 4 Page 5 Page 5 Page 6 Page 7 Page 6 Pag	May the	e IRS disc	cuss this return with the preparer sh	own above? See Instructions.			☑ Yes ☐ No
Form 990 (2022) Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III						No. 11282Y	
Form 990 (2022) Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III							
The print is a statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organizations' mission: 10 BREAK THE CYCLE OF POVERTY FOR RANILIES FACING HOMELESSNESS BY BUILDING PATHWAYS TO LONG-TERM SELF-SUFFICIENCY, AND PROVIDING QUALITY EARLY CHILDHOOD EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 11 "Yes," describe these mes wervices on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services; services? 11 "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 950,887 including grants of \$ 150,594) (Revenue \$) ATILANTA CHILDREN'S SHEITER (ACS) IS STATE LICENSED, NATIONALLY ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION FOR YOUR CHILDREN, AND A QUALITY RATE LOCATION. PROTECTION, PROTECTION FOR THE EDUCATION FOR THE ACCOUNT SHEET ACCOUNTS. PROVIDED A QUALITY, SAFE LEAGNING ENTRES NETW TRANSFER FOUNDS A QUALITY SAFE LEAG				———— Page 2 —			
Check if Schedule O Contains a response or note to any line in this Part III	Form 9	90 (2022))				Page 2
1 Briefly describe the organization's mission: 10 BREAK THE CYCLE OF POVERTY FOR FAMILLES FACING HOMELESSNESS BY BUILDING PATHWAYS TO LONG-TERM SELF-SUFFICIENCY, AND PROVIDING QUALITY EARLY CHILDHOOD EDUCATION. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 .	Part	Ⅲ St	atement of Program Service	Accomplishments			
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Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 950,887 including grants of \$ 150,594) (Revenue \$) ATLANTA CHILDREN'S SHELTER (ACS) IS STATE LICENSED, NATIONALLY ACCREDITED BY THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN, AND A QUALITY NATED CHILDORAR CENTER. WE SERVICED A TOTAL OF 50 HOMELESS CHILDREN THROUGHOUT THE YEAR OF 2022. OUR TEACHING STAFF AND LOCAL PROFESSIONAL PARKINESS PROVIDE A QUALITY, SAFE LEARNING ENVIRONMENT FOR THE STUDENTS PROCUSING ON THE DEVELOPMENTAL NEEDS OF EACH STUDENT FROM BIRTH TO AGE 6. QUARTERLY ASSESSMENTS AND SCREENING DATA SHOW THAT 80% OF STUDENTS MET OR EXCEEDED DEVELOPMENTAL HEBSOCIAL PROFESSIONAL PROVIDENCE IN THE AREAS OF LITERACY, SOCIAL EMPOTIONAL, PHYSICAL, LANGUAGE, AND COGNITIVE. OPERATING APPROXIMATELY 312 DAYS ON CAMPUS ENSURED PARKETS HAD A SAFE PLACE FOR THEIR CHILDREN SO THEY CAN WORK TOWARDS THEIR GOALS OF SELF-SUFFICIENCY. MORE THAN 30,000 MEALS AND SNACKS WERE SERVED THANKS TO PUNDING FROM THE HERBALLFE NUTRITION FOUNDATION. 4b (Code:) (Expenses \$ 429,680 including grants of \$ 51,828) (Revenue \$) THE ACS FAMILY SERVICES PROGRAM SERVED 40 FAMILLES PROVIDING CASE MANAGEMENT, MENTAL HEALTH SERVICES, EDUCATION, EMPLOYMENT, AND RESOURCES TO SECURING HOUSING. OUR STEPS/SUCCESS PROGRAM PROVIDED WARP AROUND SERVICES TO PREVENT RELAPSES INTO HOMELESSNESS. 50% OR 19 FARENTS WERE NEWLY EMPLOYED. 15% OR 4 PARENTS WERE ENROLLED IN GED PROGRAMS, TECHNICAL TRAINING, OR COLLEGE COURSES. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	S	services?					🗌 Yes 🛮 No
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Form **990** (2022)

Form 990 (2022)

Page **3**

Par	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 Rev. Proc. 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? If "Yes," complete Schedule D, Part VII	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
	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? <i>If "Yes," complete Schedule D, Part IX</i>	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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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

– Page 4 **–**

Form 990 (2022)	Page 4

Par	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L,</i> 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 the 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," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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 $2 \cdot \cdot \cdot$.	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	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 2 of Form 1006. Enter 0 if not applicable.		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10		

Form **990** (2022)

Page 5 -

Form 990 (2022)	Page

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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c 6a		No
	solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
	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	
	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 7d			
е	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	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		

6/24,	2:43 PM Atlanta Childrens Shelter Inc - Full Filing- Nonprofit Explorer - ProPublica			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		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
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022)
	Page 6			
	rage 0			
orm	990 (2022)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 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	~
Se	ction 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	$ \label{lem:poisson} 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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		1
			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 on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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? If "Yes," describe on Schedule O how this was done	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 on 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 federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	Status with respect to such arrangements: I I I I I I I I I I I I I	16b		

Se	ction C. Disclosure	
17	List the states with which a copy of this Form 990 is required to be filed	
	GA	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section $501(c)(3)$ s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	☑ 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: NALFRED JOHNSON 607 PEACHTREE STREET NE ATLANTA, GA 30308 (404) 892-3713	
		Form 990 (2022)
	Page 7	
Form	990 (2022)	Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emand Independent Contractors	ployees,
	Check if Schedule O contains a response or note to any line in this Part VII	\square
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Co	omplete 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 of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related o	rganiz	ation compens	ate	d an	y curr	ent	officer, director,	or trustee.	
(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	eck rsor ector	ı is l	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) SANDRA HOLIDAY EXECUTIVE DIRECTOR	40.00	Х		Х				116,997	0	13,836
(2) NANCY HOWELL TREASURER	2.00	X		Х				0	0	0
(3) CARRIE SMITH BOARD CHAIR	2.00	Х		Х				0	0	0
(4) JULIE BAILEY BOARD MEMBER	0.50	Х						0	0	0
(5) ALISON CHIOCK VICE CHAIR	2.00	х		х				0	0	0
(6) CHRISTIAN COOPER BOARD MEMBER	0.50	Х						0	0	0
(7) CAMERON FOWLER BOARD MEMBER	0.50	Х						0	0	0
(8) KENNEDY HICKS BOARD MEMBER	0.50	Х						0	0	0

(9) NICHOLAS HILL

SECRETARY		Х	Х		0	0	0
(10) ROBIN HUBIER BOARD MEMBER	0.50	х			0	0	0
(11) HUA LI BOARD MEMBER	0.50	Х			0	0	0
(12) DWAYNE MCINTYRE BOARD MEMBER	0.50	х			0	0	0
(13) DEAN MYERS BOARD MEMBER	0.50	х			0	0	0
(14) NICK JOHNSON BOARD MEMBER	0.50	х			0	0	0
(15) MARIA REARDON BOARD MEMBER	0.50	Х			0	0	0
(16) BETHANY RUPERT BOARD MEMBER	0.50	Х			0	0	0
(17) GREG RYAN BOARD MEMBER	0.50	Х			0	0	0

Form **990** (2022)

Page 8

———— Page 8 —

Form 990 (2022)

(A) Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other					
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)		compensation from the organization and related organizations
(18) CARLA SMITH BOARD MEMBER	0.50	x						0	0	(
(19) JENNIFER DEMPSEY BOARD MEMBER	0.50	x						0	0	(
(20) TONIA DURDEN BOARD MEMBER	2.00	×						0	0	(
(21) ANDRE HUBBARD BOARD MEMBER	0.50	x						0	0	(
(22) AUSTIN LANDES BOARD MEMBER	0.50	X						0	0	(
(23) TIANNA SIMS-MILLER BOARD MEMBER	0.50	x						0	0	(
(24) EMMA PITTS BOARD MEMBER	0.50	x						0	0		
(25) DORNA WERDELIN BOARD MEMBER	0.50	x						0	0		
26) KIMBERLY CURTIS BOARD MEMBER	0.50	x						0	0		
27) KRISTEN FANCHER BOARD MEMBER	0.50	x						0	0		
(28) SHANTELL KRISS	0.50	v						0	0		

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BOAR	D MEMBER		··^				ŭ	U		U
(29) F	OB SUNDERLAND		0.50							
BOAR	D MEMBER		X				0	0		0
	REANNE WEST		0.50							
	D MEMBER		X				0	0		0
	Sub-Total						<u> </u>			
	otal from continuation shee			•				-		
	otal (add lines 1b and 1c)		•	•		116,997		0		13,836
2	Total number of individuals (ir of reportable compensation from	cluding but r	not limited to those	listed above) who re	ceived mor	e than \$1	00,000			
3	Did the organization list any folione 1a? If "Yes," complete Sci			e, key employee, or h	nighest con	pensated	employee on	3	Yes	No No
4	For any individual listed on lin organization and related organization individual	e 1a, is the s	um of reportable coater than \$150,000	ompensation and others." <i>If "Yes," complete</i> s	er compens Schedule J	sation fror for such	n the	4		No
5	Did any person listed on line 1 services rendered to the organ		·	•	_			5		No
Se	ction B. Independent Co	ntractors								
1	Complete this table for your fi	ve highest co	ompensated indepe	ndent contractors tha	t received	more thai	\$100,000 of co	mpensa	ition	
	from the organization. Report			year ending with or w	ithin the o	rganizatio	(B)		(6	`
			A) siness address			Desc	cription of services		(C Comper	
								-		
	otal number of independent col ompensation from the organiza		luding but not limit	ed to those listed abo	ove) who re	eceived m	ore than \$100,0	00 of		
Form	990 (2022)			– Page 9 ––––						Page 9
Pa	rt VIII Statement of Rev	venue								
	Check if Schedule O	contains a res	sponse or note to a	ny line in this Part VI						
				(A) Total revenue	Relat exe fund reve	ed or mpt tion	(C) Unrelated business revenue		(D) Rever excluded under: 512 -	nue I from sections
<u>→</u> F	ederated campaigns	1a		· ·	1					
Conti	ribution s ,,429	<u> </u>								
Gifts,	Grants. 1embership dues	1b								
	rAmt									
Cimil		1								
Amol		1c								
d F	518,729 Related organizations	1d								
e (Government grants (contributions)	1e								
ā	All other contributions, gifts, grants, and similar amounts not included above	1f								
	1,625,971									
	Noncash contributions included in ines 1a - 1f:\$	1g								
h T	11,754 Total. Add lines 1a-1f		2,194,12	29						
Т			Business Code		1		I			
2	а		23311633 6006					$\overline{}$		
ا ا	-									

– Page 10 **–**

Form 990 (2022) Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations m	nust complete all columns.	All other organization	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note				🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations an domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	202,422	202,422		
3 Grants and other assistance to foreign organizations, fore governments, and foreign individuals. See Part IV, lines 1 and 16	5			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees		97,841	21,705	23,652
6 Compensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons described section 4958(c)(3)(B)	s (as in			
7 Other salaries and wages	654,095	453,982	90,367	109,746
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,451	1,522	1,881	48
9 Other employee benefits	241,218	161,552	34,852	44,814
10 Payroll taxes	63,848	44,157	9,534	10,157
11 Fees for services (non-employees):				
a Management	123,404	122,803	507	94
b Legal				
c Accounting	19,000	16,720	1,330	950
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, colum (A) amount, list line 11g expenses on Schedule O)	n			
12 Advertising and promotion				
13 Office expenses	35,970	23,334	3,411	9,225
14 Information technology	38,456	33,612	2,663	2,181
15 Royalties				
16 Occupancy	110,415	91,184	6,497	12,734
17 Travel	10,360	8,510	1,012	838
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,127	82,127		
23 Insurance	17,509	15,563	1,135	811
24 Other expenses. Itemize expenses not covered above (Lis 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	29,306	17,158	6,276	5,872
b MISCELLANEOUS EXPENSE	15,713	8,080	5,932	1,701
c				
<u>d</u>				
e All other expenses				
Total functional expenses. Add lines 1 through 24e	1,790,492	1,380,567	187,102	222,823

educational cal	inpaigh and fundraising solicitation.
Check here 🕨	\Box if following SOP 98-2 (ASC 958-720).

Form **990** (2022)

Page 11

Form 990 (2022)	Page 1

P	art X	Balance Sheet					Page 1 1
		Check if Schedule O contains a response or no	ote to any line in this	Part IX			
		Check if Scriedule O contains a response of no	ote to any line in this	FaitiX	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,219,436	1	2,580,499
	2	Savings and temporary cash investments .		🔽		2	
	3	Pledges and grants receivable, net	- · · · · · · · · · · · · · · · · · · ·				
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the	stantial contributor,			5	
	6		pans and other receivables from other disqualified persons (as defined under ection $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.				
S	7	Notes and loans receivable, net		7			
ssets	8	Inventories for sale or use		8			
SS	9	Prepaid expenses and deferred charges			48,186	9	18,809
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,762,374			
	ь	Less: accumulated depreciation	10b	1,192,163	471,039	10c	570,211
	11	Investments—publicly traded securities .			3,162,568	11	2,729,126
	12	Investments—other securities. See Part IV, line			12		
	13	Investments—program-related. See Part IV, lir			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	6,027,405	16	6,036,946		
	17	Accounts payable and accrued expenses .		29,875	17	61,893	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
w	21	Escrow or custodial account liability. Complete	Part IV of Schedule I	·		21	
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial control or family member of any of these persons	ributor, or 35% contr			22	
Ë	23	Secured mortgages and notes payable to unre	lated third narties	-		23	
	24	Unsecured notes and loans payable to unrelate	·	—		24	
	25	Other liabilities (including federal income tax, and other liabilities not included on lines 17 - 2 Complete Part X of Schedule D	payables to related tl			25	
	26	Total liabilities. Add lines 17 through 25 .			29,875	26	61,893
nces		Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.	check here 🕨 🗹 a	and			
ala	27	Net assets without donor restrictions		· · · <u> </u>	5,698,671	27	5,752,578
9	28	Net assets with donor restrictions			298,859	28	222,475
or Fund Balances	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current fund	•	▶ □ and		29	
	30	Paid-in or capital surplus, or land, building or e	equipment fund .			30	
Assets	31	Retained earnings, endowment, accumulated in		<u></u>		31	
	32	Total net assets or fund balances	•	🖯	5,997,530	32	5,975,053
Net	33	Total liabilities and net assets/fund balances		· L	6,027,405	33	6,036,946
-	33	rotal habilities and net assets/fulla balances			0,021,400	33	Form 990 (2022

Form 990 (2022) Page **12**

Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,312,691
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,790,492
3	Revenue less expenses. Subtract line 2 from line 1	3			522,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,997,530
5	Net unrealized gains (losses) on investments	5			-544,676
6	Donated services and use of facilities	6			182,094
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-182,094
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		5	5,975,053
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 Scheme $\frac{1}{2}$	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the UnGuidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		
				orm 99	0 (2022)
-orm	990 (2022)				
	ditional Data		Returi	to F	orm
, \U	#141411#1 ##44		Netuli		, III
	Software ID:				
	Software Version:				
<u>Forn</u>	n 990, Special Condition Description:				
	Special Condition Description				$\overline{}$
	Special condition bescription				

efile Public Visual Render

ObjectId: 202313189349305816 - Submission: 2023-11-14

TIN: 58-1675299

OMB No. 1545-0047

SCHEDULE A (Form 990)

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.

2022

Open to Public Inspection

								Inspection
lan TLAI	ne of th	ne organization LDREN'S SHELTER INCORPO	RATED				Employer identific 58-1675299	ation number
	art I	Reason for Public					See instructions.	
	organiz	ation is not a private fou		•	<i>,</i>	•		
1		A church, convention o	f churches, or as	ssociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desci	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research org name, city, and state:	anization operate	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operat			rsity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	al government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).	
7	✓	An organization that no section 170(b)(1)(A			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust des	cribed in sectior	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
.0		An organization that no from activities related investment income and 30, 1975. See section	to its exempt fun I unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
1		An organization organization	zed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
.2		An organization or	d organizations o	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting organization(s) the pow	rganization oper ver to regularly a	ated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting management of the su must complete Part	organization sup	ervised or controlled in ation vested in the san				
С		Type III functionally supported organization						ted with, its
d		Type III non-functio functionally integrated. instructions). You must	nally integrate The organizatio	d. A supporting organing organic	zation operate fy a distribution	d in connection win requirement and	th its supported orgar	
e		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	ation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supporte	ed organizations				<u> </u>	
g		de the following informa		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				· · · · · · · · · · · · · · · · · · ·
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
ota								
		work Reduction Act No or 990-EZ.	otice, see the II	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
				Par	ge 2 ———			
che	edule A	(Form 990) 2022		1 4	g - -			Page 2
	art II	Support Schedu		zations Described ne box on line 5, 7,				L)(A)(vi)

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

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0, 0, 2 .,	organization's benefit and either paid	I	I		 	I	1		
_	to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
ь	3 received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	•	I		1	ı	1		
	endar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for t	ho organization's	first second this	rd fourth or fifth	tay year as a secti	on 501(c)(2) or	aniza	tion c	hock
14		-							_
	this box and stop here						• •	<u> </u>	
	ection C. Computation of Public Public support percentage for 2022 (lin			column (f))		45			
15	Public support percentage from 2021 S		•			15			
16						16			
	ection D. Computation of Invest Investment income percentage for 20:			lino 12 column	(f))	1 4- 1			
17	Investment income percentage for 20.	-				17			
18	·	•	•			18	17	:t	
19a	33 1/3% support tests-2022. If the								
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the								18 ic
D	not more than 33 1/3%, check this box							_	10 13
20									
20	Private foundation. If the organization	on did not check	a box on line 14,	19a, or 19b, chec	k this box and see				2022
						Schedule A	(Form	1 990)	2022
			Page 4						
Sche	dule A (Form 990) 2022							F	Page 4
Par	t IV Supporting Organization	s							- 5 -
	(Complete only if you checked		of Part I. If you ch	necked box 12a, o	f Part I, complete S	Sections A and B	. If yo	ou chec	ked
	box 12b, of Part I, complete Se			(12c, of Part I, co	omplete Sections A	D, and E. If you	ı chec	ked bo	X
	12d, of Part I, complete Section		complete Part V.)						
	ection A. All Supporting Organiz	ations							T
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic an			atea. Ir designated	u by class or purpo	se,			
_	_	_	., .				1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F								
	described in section 509(a)(1) or (2).	GIE VI HOW LIFE (n garnzation deter	minea uiat uie St	ipporteu organizati	on was	_	<u> </u>	
							2	<u> </u>	
3a	Did the organization have a supported <i>3c below.</i>	organization des	cribed in section	501(c)(4), (5), or	(6)? If "Yes," answ	er lines 3b and			
	JC DEIUW.					<u> </u>	3a		
b	Did the organization confirm that each							1	
	the public support tests under section determination.	509(a)(2)? If "Ye	es," aescribe in Pa	art VI when and h	now tne organizatio	n made the		<u> </u>	
							3b	<u> </u>	
С	Did the organization ensure that all su	pport to such ora	ianizations was us	sed exclusively for	section 170(c)(2)	(B) purposes?		i	

If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

		30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	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	4b		
С	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"	7		
•	complete Part I of Schedule L (Form 990).	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 .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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)? <i>If</i> "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
_	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	David E			
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2022		F	Page 5
	t IV Supporting Organizations (continued)		·	uge S
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
b	A family member of a person described on 11a above?	11a 11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
Se	ection 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 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		V	- 14
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		Yes	No

6/24	2:43 PM Atlanta Childrens Shelter Inc - Full Filir	ng- Nonn	rofit Explorer - ProPublica			
o. _ .,	each of the organization's supported organization(s)? If "No," describe in Part VI has supporting organization was vested in the same persons that controlled or managed	w contr	ol or management of the	1		
Se	ction D. All Type III Supporting Organizations				1	
L	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 dur 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	ring the of the or	prior tax year, (ii) a copy of the	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or organization(s) or (ii) serving on the governing body of a supported organization? If organization maintained a close and continuous working relationship with the support	"No," e.	xplain in Part VI how the	2		
1	By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's support	zation's i	ncome or assets at all times	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			<u> </u>		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral		t during the year (see instruct	ions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Comple	te line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how y	ou supp	ported a government entity (see	instru	ctions)	
	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	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 pur responsive to those supported organizations, and how the organization determined to	n Part \ rposes, l	/I identify those supported how the organization was			
_	substantially all of its activities.			2a		
b	Did the activities described on line 2a, above constitute activities that, but for the or of the organization's supported organization(s) would have been engaged in? If "Yes the organization's position that its supported organization(s) would have engaged in organization's involvement.	," expla	in in Part VI the reasons for			
	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b		
	Did the organization have the power to regularly appoint or elect a majority of the orthe supported organizations? If "Yes" or "No", provide details in Part VI .	fficers, o	directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, prographored organizations? <i>If "Yes," describe in Part VI. the role played by the organizations</i>			3b		
			Schedule A		n 990)	202
				•	-	
	Page 6 ———					
	dule A (Form 990) 2022	_			F	Page
-	Type III Non-Functionally Integrated 509(a)(3) Supporting					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organization.				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea	r

1

1a

1b

1c

1d

e Discount claimed for blockage or other factors https://projects.propublica.org/nonprofits/organizations/581675299/202313189349305816/full

tax year or assets held for part of year):

c Fair market value of other non-exempt-use assets

a Average monthly value of securities

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

Aggregate fair market value of all non-exempt-use assets (see instructions for short

Page 7

19/34

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year Section D - Distributions** 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 2 excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 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 Distributions to attentive supported organizations to which the organization is responsive (provide 8 details in Part VI). See instructions Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
 Carryover from 2017 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
L Applied to 2022 distributedly appearant			

Schedule A (Form 990) 2022

Return Reference Additional Data			Schedule A (Form 990) 202
Return Reference			Schedule A (Form 990) 202
Return Reference		27(7):01:00:01:	
		Explanation	
	Facts And Circumsta	nces Test	
	c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and Part IV, Section E, lines 1c, 2a, 2b,	d 11c; Part IV, Section B, l 3a and 3b; Part V, line 1;	
	Page 8 -		
e Excess from 2022			Schedule A (Form 990) (202
d Excess from 2021 e Excess from 2022			
c Excess from 2020			
b Excess from 2019			
a Excess from 2018			
7 Excess distributions carryover to 2023. 3j and 4c. 3 Breakdown of line 7:	Add lines		
6 Remaining underdistributions for 2022. Subt lines 3h and 4b from line 1. If the amount i than zero, explain in Part VI. See instruction	is greater		
See instructions.	line 2. in Part VI .		
Remaining underdistributions for years prior 2022, if any. Subtract lines 3g and 4a from If the amount is greater than zero, explain	me 4.		
	ina 4		

efile Public Visual Render	ObjectId: 202313189349305816 - S	ubmission: 2023-11-14	TIN: 58-167				
Schedule B	Schedule	of Contributors	OMB No. 1545-0				
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to For ► Go to <u>www.irs.gov/Fo</u>	m 990, 990-EZ, or 990-PF. <u>orm990</u> for the latest information.	2022				
Name of the organization ATLANTA CHILDREN'S SHELTE	R INCORPORATED		Employer identification num				
Organization type (check o	ne):		58-1675299				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organ	nization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political organization						
Form 990-PF	501(c)(3) exempt private founda	ation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private founda	ation					
Special Rules							
	described in section 501(c)(3) filing Fo	rm 990 or 990-EZ that met the 33 ¹ /3	% support test of the regulations				
received from any or	a)(1) and 170(b)(1)(A)(vi), that checked ne contributor, during the year, total co n, or (ii) Form 990-EZ, line 1. Complete	ntributions of the greater of (1) \$5,0					
during the year, total	described in section 501(c)(7), (8), or (contributions of more than \$1,000 exc prevention of cruelty to children or anim	clusively for religious, charitable, sci	eceived from any one contributor, entific, literary, or educational				
during the year, cont If this box is checked purpose. Don't comp	described in section 501(c)(7), (8), or (ributions exclusively for religious, chard, enter here the total contributions tha plete any of the parts unless the Gener etc., contributions totaling \$5,000 or m	itable, etc., purposes, but no such of t were received during the year for a ral Rule applies to this organization	contributions totaled more than \$1 an exclusively religious, charitable because it received nonexclusive				
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule anust answer "No" on Part IV, line 2, of in the line 2, to certify that it doesn't meet the	ts Form 990; or check the box on lir	ne H of its Form 990-EZ				
990-EZ, or 990-PF). For Paperwork Reduction Act N		Cat. No. 30613X	Schedule B (Form 990)				
or on its Form 990PF, Part I, 990-EZ, or 990-PF). For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF		Cat. No. 30613X	Schedule B (Form 990)				

Schedule B (Form 990) (2022)

Page 2

20-10/2722

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
	,	TRESTRICTED	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 (Form 990) (2022)
	Page 3		
Schedule B	(Form 990) (2022)		Page 3
Name of org		Employer identificati	
		58-1675299	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	1
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

-			<u>-</u>	\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			<u>-</u>	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			- - -	\$_		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
•			<u> </u>	\$		
(a) No. from Part I	(b) Description of noncash	property given		(c) or estimate) instructions)	(d) Date received	
-			<u>-</u>	\$		
Schedule	B (Form 990) (2022)	Page 4			Page 4	
Name of or	rganization CHILDREN'S SHELTER INCORPORATED				ification number	
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (total of exclusively religiou tructions.) *	a) through (e)	and the following	line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	t	(d) Description of how gift is held		
-	Transferee's name, address, and 2	ift Relationship of transferor to transferee				
		<u>_</u>				
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			ion of how gift is held	
-		(e) Transfer of g	gift			
-	Transferee's name, address, and 2		Relationsh	ip of transferor to	transferee	
(a)	(h) Burnoss of sift	(a) Has of gift		(d) Decerios	ion of how wife in half	

6/24, 2:43 PM No. 110111 Part I	(b) Furpose or grit	a Childrens Shelter Inc - Full Filing- Nonpro (G) USE OI YIII	ofit Explorer - ProPublica (u) Description of now gift is neid
. =	Transferee's name, address, and ZII	(e) Transfer of gift P 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
· <u> </u>	Transferee's name, address, and ZII	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
		<u> </u>	Schedule B (Form 990) (2022
Additiona	l Data		Return to Form

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ObjectId: 202313189349305816 - Submission: 2023-11-14

TIN: 58-1675299

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

	ment of the Treasury		990 for instructions and the late	est informati	on.		pection
	me of the organization				ployer ident		
	ANTA CHILDREN'S SHELTER INCORP	ORATED			1675200		
					1675299		
Pa			sed Funds or Other Similar F s" on Form 990, Part IV, line 6.	unas or Ac	counts.		
	Complete ii the orga	anizacion answered re.	(a) Donor advised funds		(b) Funds a	and other a	accounts
1	Total number at end of year .		(1)		(1)		
2	Aggregate value of contribution						
3	Aggregate value of grants from						
	33 3	(3, ,					
4	Aggregate value at end of year						
5			rs in writing that the assets held in clusive legal control?		funds are the	_	Yes 🗌 No
6	charitable purposes and not for	or the benefit of the donor	nor advisors in writing that grant fu or donor advisor, or for any other p 	urpose confer			Yes 🗆 No
Pa	rt II Conservation Ease		a" on Form 000 Part IV line 7				
1	Purpose(s) of conservation ea		s" on Form 990, Part IV, line 7.				
-		, 3	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for	public use (e.g., recreation	or education) — Preservati	on of an histo	rically import	ant land a	rea
	Protection of natural hab	pitat	Preservati	on of a certifie	ed historic str	ructure	
	Preservation of open spa	nce					
2			qualified conservation contribution i	n the form of	a conservatio	n	
	easement on the last day of the	he tax year.			Held at t	the End of	f the Year
а	Total number of conservation of	easements		2a			
b	Total acreage restricted by cor	nservation easements		2b			
С	Number of conservation easen	nents on a certified historic	structure included in (a)	. 2c			
d	Number of conservation easen historic structure listed in the		red after July 25, 2006, and not on	a 2d			
3	Number of conservation easer tax year	ments modified, transferre	d, released, extinguished, or termin	ated by the or	ganization d	uring the	
4	Number of states where prope	erty subject to conservatio	n easement is located 🕨				
5	Does the organization have a and enforcement of the conse		e periodic monitoring, inspection, h?	andling of vio	ations,	Yes	□ No
6	Staff and volunteer hours dev	oted to monitoring, inspec	ting, handling of violations, and enf	orcing conserv	ation easem		g the year
7	Amount of expenses incurred \$ \$	in monitoring, inspecting,	handling of violations, and enforcing	g conservatior	easements (during the	year
8			above satisfy the requirements of s			Yes	□ No
9		applicable, the text of the	ervation easements in its revenue a footnote to the organization's finances.		atement, and	d	_ 110
Par			of Art, Historical Treasures, s" on Form 990, Part IV, line 8.	or Other S	milar Asse	ets.	
1a	If the organization elected, as historical treasures, or other s	permitted under FASB AS similar assets held for publ	ic exhibition, education, or research ents that describes these items.				
b	If the organization elected, as historical treasures, or other sfollowing amounts relating to	similar assets held for publ	C 958, to report in its revenue state ic exhibition, education, or research	ement and bal	ance sheet w e of public se	orks of art ervice, prov	, vide the
(•				. > \$		
2	If the organization received or	r held works of art, historic	cal treasures, or other similar assets			the	
а		·			. ▶\$		
b							

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

3 Using the organization's Againstianing Collections of Art, Historical Treasures, or Other Similar Assets (cont Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its col items (check all that apply): a	ection No
items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other Freservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes 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 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 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1 C d Additions during the year 1d e Distributions during the year 1e f Ending balance 1 b If "es," explain the arrangement in Part XIII, Check here if the explanation has been provided in Part XIII Yes Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1c Column year (b) Prior year (c) Two years back (d) Three years back (e) 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1b Contributi	
b Scholarly research Context C	□ No 990, Part X, □ No □ No
C	□ No 990, Part X, □ No □ No
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	990, Part X,
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	990, Part X,
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	990, Part X,
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form inic 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	990, Part X,
included on Form 990, Part X?	□ No
d Additions during the year	
d Additions during the year	
e Distributions during the year	
f Ending balance	
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	-our years back
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	our years back
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) 1a Beginning of year balance	our years back
1a Beginning of year balance	our years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b b Permanent endowment b	
d Grants or scholarships	
e Other expenditures for facilities and programs	
and programs	
g End of year balance	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment	
 Board designated or quasi-endowment Permanent 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:	Yes No
(i) Unrelated organizations	
(ii) Related organizations	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	
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).
	ook value
1a Land	
b Buildings	
c Leasehold improvements 1,315,035 969,989	345,046
d Equipment	100,244
e Other	124,921
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	124,921

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	00 Part IV	ling 11h Soo For	m 000 Part V	lino 12
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of va or end-of-year r	luation:
(1) Financial derivatives	·			
(A)				
(B)				
(C)				
(D)				
(E)				_
(F)				
(G)				_
(H)				_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			_
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 99	00. Part IV.	line 11c. See Fo	rm 990. Part X	. line 13.
(a) Description of investment	10, 10, 11,	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)			COSE OF CHAIR	year market value
(2)				_
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	۰			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990 (a) Description	0, Part IV, I	ine 11d. See For	m 990, Part X,	line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 999	<u>0, P</u> art IV, I	<u>ine 11</u> e or 11f.Se	<u>ee For</u> m 990, P	art X, line 25.
1. (a) Description of lia			, -	(b) Book value

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		•	
to the o	rganization's financial sta	tements that	reports the
ere if the	text of the footnote has		
		Schedule D	(Form 990) 2022
			Page 4
ments	With Revenue per R	eturn.	
		1	1,972,535
l a-	F44.673		
	· · · · · · · · · · · · · · · · · · ·	-	
	182,095	<u>'</u>	
	22.426		
20	22,420	-	240 156
			-340,156
		3	2,312,691
1.45	I		
40		40	0
			2,312,691
	With Fynenses ner		2,312,031
		Retuin.	
		1	1,995,013
2a	182,095		
2a 2b	182,095		
-	182,095		
2b	182,095 22,426		
2b 2c			204,521
2b 2c		- - - -	204,521 1,790,492
2b 2c		2e	
2b 2c		2e	
2b 2c 2d		2e	
2b 2c 2d	22,426	2e	
2b 2c 2d		2e 3	1,790,492
2b 2c 2d	22,426	2e 3	1,790,492
2b 2c 2d	22,426	2e 3 4c 5	1,790,492 0 1,790,492
2b 2c 2d	t IV, lines 1b and 2b; Part	2e 3 4c 5	1,790,492 0 1,790,492
2b 2c 2d	t IV, lines 1b and 2b; Part tional information.	2e 3 4c 5 v, line 4; Pa	0 1,790,492 rt X, line 2; Part XI,
2b 2c 2d 	t IV, lines 1b and 2b; Partitional information. Explanation HE INTERNAL REVENUE C	2e 3 4c 5 5 c V, line 4; Pa	0 1,790,492 rt X, line 2; Part XI,
2b 2c 2d	t IV, lines 1b and 2b; Partitional information. Explanation HE INTERNAL REVENUE C THAN UNRELATED BUSINME FOR THE YEARS ENDE	2e 3 4c 5 CODE, THE OF NESS INCOME D DECEMBER	1,790,492 0 1,790,492 rt X, line 2; Part XI, RGANIZATION IS EXEL THE ORGANIZATION 31, 2022 AND 2021
2b 2c 2d	t IV, lines 1b and 2b; Part tional information. Explanation HE INTERNAL REVENUE C THAN UNRELATED BUSIN	2e 3 4c 5 CODE, THE OF NESS INCOME D DECEMBER OF DECEMBER OF NESS ASSOCIA	1,790,492 0 1,790,492 rt X, line 2; Part XI, RGANIZATION IS EXEL THE ORGANIZATION R 31, 2022 AND 2021. RTED WITH UNCERTAI
	ments Vart IV, li 2a 2b 2c 2d	ments With Revenue per R art IV, line 12a.	2a

	GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES 22,426.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES 22,426.
	Schedule D (Form 990) 2022

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ObjectId: 202313189349305816 - Submission: 2023-11-14

TIN: 58-1675299

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Go to www.irs.				tion entered Atta	d more tha ch to Form	on Form 990, Part IV, lines n \$15,000 on Form 990-EZ, 990 or Form 990-EZ. instructions and the latest ii		Open to Public Inspection			
	ne of the organization ANTA CHILDREN'S SHE	LTER INC	ORPORATED						ntification number		
								58-1675299			
Pa	· · · · · · · · · · · · · · · · · · ·	_	t ies. Complete if re not required t	_		answered "Yes" on F part.	orm 990,	, Part IV, line 1	.7.		
1						ollowing activities. Check	all that a	pply.			
а	☐ Mail solicitations				•	Solicitation of nor	n-governm	ent grants			
b	☐ Internet and ema	il solicitat	ions		1	Solicitation of gov	ernment o	grants			
c	Phone solicitation	ıs			g	Special fundraisin	g events				
d	☐ In-person solicita	person solicitations									
2a						vidual (including officers, on with professional fund		rvices?	es 🗆 No		
b	If "Yes," list the 10 h to be compensated a	ighest pai it least \$5	d individuals or en ,000 by the organi	itities (fun ization.	idraisers)	pursuant to agreements	under wh	ich the fundraise	er is		
1 (i)	Name and address of in or entity (fundraise	ndividual r)	(ii) Activity	fundrai custo cont) Did iser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No						
Tota	al										
	List all states in which licensing.	the organ	ization is registere	d or licens	sed to sol	icit contributions or has l	been notif	ied it is exempt	from registration or		
::::	=======================================	=======		=======	=======	=======================================	=======				
For I	Paperwork Reduction A	ct Notice, s	see the Instructions	for Form	990 or 99	0-EZ. Cat. No	. 50083H	So	chedule G (Form 990) 2022		
					—— Ра	ge 2 ————					
Sche	edule G (Form 990) 20	22							Page 2		
Pa	rt II Fundraisin	g Event	s. Complete if the	he organ	ization a	nswered "Yes" on For	m 990, F	Part IV, line 18	, or reported more		

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

https://projects.propublica.org/nonprofits/organizations/581675299/202313189349305816/full

gross receipts greater than \$5,000.

nue		(a)Event #1 LADIES LUNCH FUNDRAISER (event type)	(b) Event #2 HOLIDAY HOUSE (event type)	(c)Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	117,087	132,521	291,547	541,155
	2 Less: Contributions	102,374	129,651	286,704	518,729
	3 Gross income (line 1 minus line 2)	14,713	2,870	4,843	22,426
Direct Expenses	4 Cash prizes				
Ę	8 Entertainment				
)irec	9 Other direct expenses	14,713	2,870	4,843	22,426
П	10 Direct expense summary. Add lines 4 t	-			22,426
	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga on Form 990-EZ, line 6a.		s" on Form 990, Part I	· · · · . ▶ V, line 19, or reported	Γ
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
benses	2 Cash prizes				
Direct Exp	3 Noncash prizes				
ä	5 Other direct expenses				
	6 Volunteer labor	☐ Yes %☐ No	☐ Yes	☐ Yes	
	7 Direct expense summary. Add lines 2 t8 Net gaming income summary. Subtract		n (d)	.	
9 a b	Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain:	aming activities in each of	these states?		
10a b	Were any of the organization's gaming lic If "Yes," explain:				
				Sc	chedule G (Form 990) 2022

	dule G (Form 990) 2022							Page
1	Does the organization conduc	t gaming activities with nonmembers?				Yes	□No	
2	Is the organization a grantor, formed to administer charitate	beneficiary or trustee of a trust or a mele gaming?	·	entity 		Yes		
.3	Indicate the percentage of ga	ming activity conducted in:				U Tes	□ 140	
а	The organization's facility				13a			q
b	An outside facility				13b			C
.4	Enter the name and address of	of the person who prepares the organiza	ation's gaming/special events bo	ooks and r	ecords:			
	Name •							
l5a	Does the organization have a	contract with a third party from whom	the organization receives gamin	g				
b	If "Yes," enter the amount of	gaming revenue received by the organi tained by the third party $ ho$ \$	zation 🕨 \$			_ 103	_ 110	
c	If "Yes," enter name and addi	ess of the third party:						
	Name •							
	Address							
	Name Gaming manager compensati	on ▶ \$						
	Description of services provid	ed						
	☐ Director/officer	Employee	☐ Independent contra	ctor				
.7 a	Mandatory distributions: Is the organization required uretain the state gaming licens	nder state law to make charitable distri	butions from the gaming procee	eds to		☐ Yes	□No	
b		ons required under state law distributed mpt activities during the tax year \$\infty\$	d to other exempt organizations	or spent		□ les	O NO	
Par	t IV Supplemental Inf	ormation. Provide the explanation, 15b, 15c, 16, and 17b, as applica						5.
	Return Reference		Explanation					
			· · · · · · · · · · · · · · · · · · ·					
				Sched	ule G (F	orm 990) 2	022	

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efile Public Visual Render ObjectId: 202313189349305816 - Submission: 2023-11-14 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I Grants and Other Assistance to Organizations

OMB No. 1545-0047

The state of the control of the cont	Department of the Treasury Internal Revenue Service		Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.								2022 Open to Public Inspection	
Secretar Information on Grants and Assistance	Name of the organization	CORPORATED	ı							ation number		
Describe in First We expensation greated regardance for months the United States. Part III Greats and Other Assistance to Democatic Organizations and Democatic Governments. Correction of the organization assessed "es" of norm 1990, Part IX, III e.Z. 1997 (e.g. part IX, III e.	Part I General Informa	ation on Gra	ants and Assistance	:e					58-16/5299			
The first first and other Auditance of Demock for Spinish 2008. Part II Grants and Other Auditance of Demock for Spinish 2008 for II are it admirated as authorish gased benefits and provided as the first and provided as authorish gased benefits and provided as authorish gased benefit and provided as authorish gased benefits and provided gased gase		tain records to o award the gr	substantiate the amorants or assistance? .	unt of the grants or ass	sistance, tl	ne grantees' eligibility	for the grants or assistan	ce, and		 ∀es	□ No	
Part III Grant Part Actions for Company 15,000. Part II can be displicated if additional space a needed. (a) Name and outdoors of Company (b) Part II can be displicated in the line I table. (b) Early Company (c) Part III can be displicated in displaced to line line I table. Part III Company (c) Part III can be displicated in displaced to line line I table. (b) Part III Company (c) Part III can be displicated in displaced to line line I table. (c) Part III Company (c) Part III can be displicated in displaced to line line I table. (d) Part III Company (c) Part III can be displicated in displaced to line line I table. (e) Part III Company (c) Part III can be displicated in displaced to line line I table. (f) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Part III Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b)	<u> </u>											
or government. (i) personal content of present and personal content of the personal content of personal c						its. Complete if the o	rganization answered "Yes	" on Forr	n 990, Part IV, line	21, for any recipie	nt	
(1) THE ACS NUTRITION PROGRAM PORT TO ASSISTANCE AND PROGRAM PORT TO ASSISTANCE AND PROGRAM PORT TO ASSISTANCE AND PROGRAM (1) THE ACS NUTRITION PROGRAM PORT TO ASSISTANCE AND PROGRAM PORT TO BE PORT TO ASSISTANCE AND PROGRAM PORT TO BE PORT TO ASSISTANCE AND PROGRAM PORT TO ASSISTANCE AND PROGRAM PORT TO ASSISTANCE AND PROGRAM PORT TO BE PORT TO ASSISTANCE AND PROGRAM PORT TO BE PORT TO ASSISTANCE AND PROGRAM PORT TO BE PO	organization		(c) IRC secti (if applicable				(book, FMV, appraisal,				grant	
(3) (4) (5) (5) (6) (7) (8) (9) (10) (11) (12) 2 Enter total number of section 531(0)(3) and government organizations listed in the line 1 table. 2 Enter total number of other organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 4 Page 2 Schedule 1 (Form 990) 2022 Figgr 2 Schedule 1 (Form 990) 2022 Figgr 3 Schedule 1 (Form 990) 2022 (a) Type of grant or another organizations (by State or State organization another organization and organizatio	(1)											
(4) (5) (6) (7) (8) (9) (10) (11) (12) 2 Enter total number of section S01(c)(1) and government organizations listed in the line 1 table. 2 Enter total number of section S01(c)(1) and government organizations listed in the line 1 table. 2 Enter total number of section S01(c)(1) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 4 Enter total number of other organizations listed in the line 1 table. 5 Schedule 1 (Form 990) 2022 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Net" on Form 990, Part IV, line 22. 6 The TIII on the individuals of the part of the	(2)											
Section Sect	(3)											
(6) (7) (8) (9) (10) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. 4 Figg 2 Schedule 1 (Form 990) 2022 Figg 2 Schedule 1 (Form 990) 2022 Figg 2 Figg 2 Schedule 1 (Form 990) 2022 Figg 3 Schedule 1 (Form 990) 2022 Figg 4 For Paperway Reduction An Natios, see the Instructions for Form 990. Can No. 500399 Schedule 1 (Form 990) 2022 Figg 2 Figg 5 Figg 6 Can No. 500399 Schedule 1 (Form 990) 2022 Figg 6 Can No. 500399 Schedule 1 (Form 990) 2022 Figg 6 Can No. 500399 Schedule 1 (Form 990) 2022 Figg 7 Figg 7 Figg 8 Figg 8 Figg 8 Figg 8 Figg 8 Figg 9 Fig	(4)											
(9) (10) (11) (12) (2) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Page 2 Schedule I (form 990) 2022 Page 11 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Fart IV, line 22. Page 2 Page 12 Schedule I (form 990) 2022 Page 11 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Fart IV, line 22. Page 2 Page 12 (a) Type of grant or assistance (b) Number of Coth quant of	(5)											
(8) (9) (10) (11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053P Schedule I (Form 990) 2022 Page 2 Schedule I (Form 990) 2022 Page 1 III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Page 1 III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Page 1 III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (1) THE ACS NUTRITION PROGRAM (A) NO LINCH PROCEDURES IN THE OLD ASSISTANCE (B) Number of Procedure in Part IV (B) Assistance (C) Amount of Procedure in Part IV (B) Assistance (C) Amount of Procedure in Part IV, line 2; Part III (B) Assistance (C) Amount of Procedure in Part IV, line 2; Part III (B) Assistance (C) Amount of Procedure in Part IV, line 2; Part III (B) Assistance (C) Amount of Procedure in Part IV, line 2; Part III (B) Assistance (C) Amount of Procedure in Part IV, line 2; Part III, column (b); and any other additional information. Baturn Reference (C) Assistance (C) Assistance (C) Amount of Procedure in Part IV, line 2; Part III, column (b); and any other additional information. Baturn Reference (C) Assistance (C) Assistanc	(6)											
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TIN: 58-1675299

SCHEDULE 0 (Form 990)

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.

Employer identification number

Name of the organization ATLANTA CHILDREN'S SHELTER INCORPORATED ► Attach to Form 990 or 990-EZ.

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

58-1675299

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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) -182,094.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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