Eom 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

		•	•
or calendar year 2023	B, or fiscal year beginning _		and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

EIN or SSN GIRLS CLUBS OF METRO ATLANTA, BOYS 58-0566123 Name and title of officer or person subject to tax VICTOR FIORESI, CFO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) **b** Tax based on investment income (Form 990-PF, Part V, line 5). . . . Form 990-PF check here Form 8868 check here.... 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) Form 4720 check here b Total tax (Form 4720, Part III, line 1) Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** I am an officer of the above entity or ____ I am a person subject to tax with respect to (name Under penalties of perjury, I declare that of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 13 as my signature X I authorize SMITH & HOWARD ADVISORY, to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that accopy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN_ioh the return's disclosure consent screen. up tiongi Signature of officer or person subject to tax 11/15/2024 Part | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |6|7|8|8|2|7|9|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature 11/15/2024 ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

2023 All Tax Type Returns Found in Account 9242 (Fed: All Statuses(excluding Ready to Send) ; State: All Statuses(excluding Ready to Send))

Total Record Count: 1 Report Date: 09/30/2024

***	_	Fed	eral	Only	

** - This	** - This indicator is an acknowledgement that the jurisdiction has received direct debit information. Please note that not all jurisdictions send this acknowledgement.																			
Locato r	r Type er Code Name Code Code Code Code Code Code Code Cod												User ID							
17342V	990	Boys & Girls Clubs of Metro Atlanta, Inc	61271	N	FED	Federal Extensi on	Accept ed			024	03/19/2 024 07:29:0 0 PM	202407						03/19/2 024 06:53:3 1 PM		LAURI E [ATL]
				N	FED	Federal Extensi on3	Accept ed			024	03/19/2 024 07:29:0 0 PM	202407						03/19/2 024 06:53:4 3 PM		LAURI E [ATL]
				N	FED	Federal	Accept ed			09/26/2 024 10:58:0 0 PM	09/26/2 024 11:29:0 0 PM	202427						09/23/2 024 09:10:5 0 AM		LAURI E [ATL]
				N	FED	Form 990T	Accept ed			024	09/26/2 024 11:29:0 0 PM	202427						09/23/2 024 09:12:2 1 AM		LAURI E [ATL]

 $_{\sf orm}$ 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2023
Open to Public

Open to Public Inspection

A F	or th	e 2023 calendar year, or tax year beginning and endi	ng				
_		C Name of organization		D Employer ide	entificatio	n number	
Вс	heck if ap	plicable: BOYS & GIRLS CLUBS OF METRO ATLANTA, INC					
	Addre	SS Doing Business As		58-	-05661	123	
	7 '	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone n			
	Initial			(4)	04)52	7-7100	
	Termi	City on town atotal or marriage according and ZID or ferring most all and		(1)	31/32	7 7100	
	Amen			G Gross receip	its \$ 4	3,291,	565
	returr Applio	F Name and address of principal officer.		H(a) Is this a grou			$\overline{}$
	pendi	ng DAVID GERRICAN		subordinates	?	H	<u> </u>
_	Toy ov			H(b) Are all subord		e instructions)	
÷			27				
		te: ► WWW.BGCMA.ORG of organization: X Corporation Trust Association Other ► L Year of	- f f t	H(c) Group exemp			
_			or iormat	ion: 1933 M	State of 16	egai domicii	e: GA
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: TO IGNITE TH			7.I.F.W.I.	TAL OF	KIDS_
Governance		AND TEENS BY CREATING SAFE, INCLUSIVE, AND ENGAGING ENVI	LRONM.	ENTS.			
rna	_						
o ve		Check this box if the organization discontinued its operations or disposed of more the			1 1		
Ğ		Number of voting members of the governing body (Part VI, line 1a)			3		58
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4		58
ij		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		711
ŧ	6	Total number of volunteers (estimate if necessary)			6		132
ď	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		NONE
				Prior Year		Current '	Year
a)	8	Contributions and grants (Part VIII, line 1h)	1	32,739,41	6.	27,67	2,002.
ž.		Program service revenue (Part VIII line 2g)		770,31	16.	85	6,745.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-1,092,62	25.	91	7,888.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-638,20			4,120.
	l .	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,778,89			2,515.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		99,19			2,319.
		Benefits paid to or for members (Part IX, column (A), line 4)			ONE		NONE
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,346,39		15.60	9,340.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		163,03			3,720.
ber		Total fundraising expenses (Part IX, column (D), line 25) ► 3, 207, 990.		103,03	,,,,		3,720.
ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,879,59	38	10 35	6,191.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,488,22			$\frac{0,1}{1,570}$.
				8,290,67			
- S	19	Revenue less expenses. Subtract line 18 from line 12	Regin	ning of Current Y		End of Y	0,945.
Net Assets or Fund Balances	20	Total coasts (Dout V. line 46)	Degin				
SSE	20	Total assets (Part X, line 16)		76,536,34			<u>6,715.</u>
₽₽	21	Total liabilities (Part X, line 26)		3,037,68			<u>8,180.</u>
		Net assets or fund balances. Subtract line 21 from line 20.		73,498,66	,6.	19,32	<u>8,535.</u>
	rt II	Signature Block					
		lalties of perjury, I declare that I have examined this return, including accompanying schedules and state ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h			my knov	wiedge and	deliet, it is
Sig	n	Signature of officer		11/1 Date	15/202	24	
He		11867		Date			
		VICTOR FIORESI / 40 + west CFO					
		Type or print name and title			1		
Paic		Print/Type preparer's name Date		Check	if PTIN	I	
	parer	SABRE J LINAHAN SOUL OMORAN 11/15	5/202	4 self-employ	ed P0	137298	0
	Only	Firm's name ► SMITH & HOWARD ADVISORY, LLC		Firm's EIN	92-	0749633	1
	y	Firm's address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404	-874-62	244
May	the I	RS discuss this return with the preparer shown above? (see instructions)			<u></u>	X Yes	No
For	Pape	work Reduction Act Notice, see the separate instructions.				Form 99	90 (2023)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Тх
	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	x No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	X No
	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$13,018,773. including grants of \$72,319.) (Revenue \$535,530. ACADEMIC SUCCESS: BGCMA'S ACADEMIC PROGRAMS ENHANCE STUDENT)
	PERFORMANCE AND ENCOURAGE HIGH SCHOOL GRADUATION, COLLEGE ATTENDANCE AND CAREER EXPLORATION. PLEASE SEE SCHEDULE O FOR MORE	
	DETAILS.	
4b	(Code:) (Expenses \$5,424,489. including grants of \$) (Revenue \$223,138. CHARACTER & LEADERSHIP DEVELOPMENT: BGCMA PREPARES YOUNG PEOPLE)
	FOR A SUCCESSFUL FUTURE, EMPOWERING MEMBERS TO BECOME CITIZENS WHO	
	SUPPORT AND INFLUENCE THEIR PEERS AND COMMUNITY. YOUTH ARE TAUGHT	
	TO THINK CRITICALLY ABOUT THEIR WORLD, THE VALUE OF LEADERSHIP AND	
	VOLUNTEER WORK, AND ARE GIVEN A PLATFORM FOR THEIR VOICES TO BE	
	HEARD THROUGH EITHER INDIVIDUAL COMMUNITY SERVICE, COLLECTIVE ACTION, AND/OR CREATIVE EXPRESSION THROUGH THE ARTS.	
	ACTION, AND/OR CREATIVE EXPRESSION THROUGH THE ARTS.	
4c	(Code:) (Expenses \$ 3,254,693. including grants of \$) (Revenue \$ 133,882.	.)
	HEALTHY LIFESTYLES: CLUBS OFFER FITNESS AND PREVENTATIVE HEALTH	
	AND WELLNESS PROGRAMS THAT PROMOTE HEALTHY HABITS AND COMBAT THE	
	RISING EPIDEMIC OF CHILDHOOD OBESITY. PLEASE SEE SCHEDULE O FOR	
	MORE DETAILS.	
_		
4d	Other program services (Describe on Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$)	

4e Total program service JSA 3E1020 2.000

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Part	Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			1
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		21	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			21
21				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22	37	
24		33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 222 22 200 1 200 200 200 200 200 200 2		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4 -	37	
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Form 990 (2023) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 711			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- Cu	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)			
40-	against aime and or received mem memily 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	II TES. CUITIDIELE FUITI 0009.			

Page 6 58-0566123

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					11
	g				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	58			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
_	committee, explain on Schedule O.	46	ΕO			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	58			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		<u>X</u>
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:			_		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	es?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to			406		
Soct	organization's exempt status with respect to such arrangements?			16b		
	an a					
17 19	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	000	and OOO T	(000	ion F	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		anu 990-1	(sec	C HUL	U 1(C)
	X Own website Another's website X Upon request Other (explain on So		<i>→</i> O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur		,	f inter	est n	olicv
-	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 l	ooks	and record	S.		
	VICTOR FIORESI 2880 DRESDEN DRIVE CHAMBLEE, GA 30341	_				

404-527-7115

Form **990** (2023)

JSA

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

	Check this box if neither	er the organization nor ar	v related ord	anization comi	pensated any	v current officer.	director, or trustee.

				ır	C)					
(A)	(B)			-	ition			(D)	(E)	(F)
Name and title	Average	(do r	(do not check			e than c	one	Reportable	Reportable	Estimated amount
	hours	box, unless person is both an					an	compensation	compensation	of other
	per week	office	er and		lirect	or/trust	tee)	from the	from related	compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DAVID JERNIGAN	40.00									
PRESIDENT & CEO	1.00			Х					NONE	
(2) VICTOR FIORESI	40.00									
CHIEF FINANCIAL OFFICER	1.00			Х					NONE	
(3) VERONICA SUSAN SQUIRES	40.00									
CHIEF DEVELOPMENT OFFICER	NONE			Х					NONE	
(4) MARGO MARKS	40.00									
VP OF HUMAN RESOURCES	NONE			Х					NONE	
(5) MICHAEL A. LAMONT	40.00									
CHIEF OF STAFF	NONE			Х					NONE	
(6) SUSAN GALVAN QUINN	40.00									
VP/CONTROLLER	1.00					Х			NONE	
(7) TERRI J. FISHBACK	40.00									
CHIEF PROGRAMS & OPS OFFICER	NONE			Х					NONE	
(8) CARL EUGENE PATTEN	40.00									
VP INFORMATION TECHNOLOGY	NONE					X			NONE	
(9) KIMBERLY MICHELLE LUCAS	40.00									
VP SAFETY & FACILITY OPS	NONE			Х					NONE	
(10) SHERNA ANN PHILLIPS	40.00									
VP MARKETING & COMMUNICATION	NONE			Х					NONE	
(11) MARY E SINGLETON	40.00									
SENIOR DIRECTOR OF FINANCE	1.00					Х			NONE	
(12) LORENE JACKSON	40.00									
SR. VP PROGRAMS/OPS THRU 3/23	NONE			Х					NONE	
(13) CHARLIE HENN	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(14) SIMON H. BLOOM	1.00									
IMMEDIATE PAST CHAIR	NONE	Х		Χ				NONE	NONE	NONE

Form **990** (2023)

Form 990 (2023)

	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) STEVE COOK	1.00									
	SECRETARY	NONE	X		Х				NONE	NONE	NONE
(16) SARAH SAUNDERS	1.00									
	TREASUER	1.00	X		Х				NONE	NONE	NONE
(17) LARRY PATRICK	1.00									
	DIRECTOR (CHAIR-ELECT)	NONE	X						NONE	NONE	NONE
(18) JOHN BABUL	1.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE
(19) ANTHONY BANKS	1.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE
(20) DARIUS BATES	1.00									
,	DIRECTOR	NONE	X						NONE	NONE	NONE
(21) ERICA BOLDEN	1.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE
(22) KATIE BOSCOE	1.00									
,	DIRECTOR	NONE	X						NONE	NONE	NONE
(23) JOHN BOTTINI	1.00									
,	DIRECTOR	NONE	X						NONE	NONE	NONE
(24) DR. BARUNASHISH BRAHMA	1.00									
,	DIRECTOR	NONE	X						NONE	NONE	NONE
(25) LAUREN BRICKS	1.00									
	DIRECTOR	NONE	X						NONE		NONE
	1b Sub-total							>		NONE	
	c Total from continuation sheets to Part VII, S	-			-			>	NONE		NONE
	d Total (add lines 1b and 1c)							<u> </u>	<u> </u>	NONE	
	2 Total number of individuals (including but not	_					•	o re	eceived more than	\$100,000 of	
	reportable compensation from the organization	11 🚩					10				1,7
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
	4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	? //	"Yes	5,"	complete Schedu	le J for such	4
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5
	Section B. Independent Contractors										
	Complete this table for your five highest com- compensation from the organization. Report of year.										

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

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2023)	Page &

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than c		compensation	compensation from	amount of
	week (list any hours for					is both tor/trust		from	related	other compensation
	related			_			T	the organization	organizations (W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Forme	(W-2/1099-MISC)	(** 2/1000 1/1100)	organization
	below dotted	dual	tion	_	nplc	st co	"	,		and related
	line)	trus	a tr		yee	mp				organizations
		tee	uste			ens				
			ď			Highest compensated employee				
26) EMOJOY BROWN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
27) JEREL CAUSEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
28) MADELINE CHADWICK	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
29) JUSTIN CLAY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
30) LEIGHANN COSTLEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
31) JOHN COUGHLIN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
32) HASCO W. CRAVER IV	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
33) RICHARD DERISO	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NONE
34) JENNY ETHRIDGE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
35) STACEY EAMES	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
36) THAD ELLIS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, S	Section A						\blacktriangleright			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but not	limited to t	hose	liste	ed a	bov	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n 🕨									
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ina	livid	ual						3

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	

5	Did any person listed on line	1a receive or accrue	compensation from a	any unrelated	organization or	individual
	for services rendered to the org	anization? If "Yes," com	plete Schedule J for su	uch person 🔒		

3	
4	
5	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Form 990 (2023)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinued)	_
(A)	(B)			((C)			(D)	(E)	(F)	
Name and title	Average				sition			Reportable	Reportable	Estimated	
	hours per					e than o is both		compensation	compensation from	amount of	
	week (list any hours for					tor/trust		from the	related organizations	other compensation	1
	related	or Inc	Ing	Q	₩ 6	en Hig	Б	organization	(W-2/1099-MISC)	from the	
	organizations	divic	l it	Officer	Key employee	ghes	Forme	(W-2/1099-MISC)	(11 2/1000 111100)	organization	
	below dotted	lual	tion	¬	nplc	st co	٦	,		and related	
	line)	Individual trustee or director	a t		yee	dmc				organizations	
		tee	Institutional trustee			ens					
			Ď			Highest compensated employee					
(37) RHOM ERSKINE	1.00										
DIRECTOR	NONE	X						NONE	NONE	N	ONE
(38) RYAN ESPARZA	1.00										
DIRECTOR	NONE	X						NONE	NONE	N	ONE
(39) JERALD ESTIME	1.00										
DIRECTOR	NONE	X						NONE	NONE	N	ONE
(40) FRAN GARY	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
(41) ABHI GOLHAR	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
(42) DEREK GOSHAY	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
(43) JEFF HANSON	1.00										
DIRECTOR	NONE	X						NONE	NONE	N	ONE
(44) CAMILLE HANNANS	1.00										
DIRECTOR	NONE	X						NONE	NONE	N	ONE
(45) ERIC HAGEN	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
(46) IVORY HARRIS	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
(47) JAMAEL HESTER	1.00										
DIRECTOR	NONE	Х						NONE	NONE	N	ONE
1b Sub-total		•					▶				
c Total from continuation sheets to Part VII,	Section A						\blacktriangleright				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but no	ot limited to t	hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organizat	ion 🕨										
										Yes	No
3 Did the organization list any former of											
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ind	livid	ual						3	
4 For any individual listed on line 1a, is the	sum of rei	oortab	ole o	com	per	satior	n ai	nd other compens	sation from the		
organization and related organizations	greater than	\$15	50,0	00?	P It	"Yes	5,"	complete Schedu	le J for such		
individual										4	
5 Did any person listed on line 1a receive of	or accrue co	mpen	sati	on '	fron	n any	un	related organizati	on or individual		
for services rendered to the organization? If										5	
Section B. Independent Contractors											

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Form 990 (2023) Page 8

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and H	lig	hest Compensat	ed Employees (d	ontinue	d)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average hours per	(do r	not ch		ition more	e than o	ne	Reportable compensation	Reportable compensation from		imated ount of	
	week (list any	1				is both		from	related		ther	
	hours for related					tor/trust		the	organizations		ensation	on
	organizations	divio	stitu	Officer	Key employee	nplo	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)		nizatio	n
	below dotted	dual	ıtion	-	mplc	st co	¥	(11 2, 1000 111100)			related	
	line)	Individual trustee or director	al tn		yee	ompo				orgar	nization	IS
		tee	Institutional trustee			Highest compensated employee						
(40) MARY WINDERSTEIN ED	1 00					ted						
(48) MARK HUFFSTETLER	1.00	. v						NONE	NIONIE		,	NT (NTT
DIRECTOR (49) CLOTEEN JASMIN	1.00	Х						NONE	NONE			NONE
DIRECTOR	NONE	X						NONE	NONE		1	NONE
(50) NEDRA JONES	1.00							NONE	NONE			NOME
DIRECTOR	NONE	X						NONE	NONE		1	NONE
(51) ROBERT W. KAMERSCHEN	1.00	- 21						110111	IVOIVE			IVOIVE
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(52) JIM KAUFMAN	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(53) AITEN MCPHERSON	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(54) GAIRY MOORE	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(55) JOHN MORI	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
(56) JAMES (JIMMY) MORRIS	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
(57) ANISKA MOSS-MELFORD	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
(58) JUSTIN PALMER	1.00										_	
DIRECTOR	NONE	X						NONE	NONE			NONE
1b Sub-total												
c Total from continuation sheets to Part VII, So	=											
d Total (add lines 1b and 1c)			licto		hov"	o) who	<u> </u>	acived more than	\$100,000 of			
reportable compensation from the organization		11056	iiste	u a	DOV	e) wiic	י ו כ	ceived more man	\$ 100,000 01			
	. ,										Yes	No
3 Did the organization list any former offic	ar directo	r or	tri	ıcto		kov c	mn	Novee or highes	t compensated			
employee on line 1a? If "Yes," complete Schedu										3		
4 For any individual listed on line 1a, is the												
organization and related organizations gre	eater than	3011ab \$1.5	50 O	007	ipei P <i>If</i>	Salioi "Yes	ı aı	complete Schedu	le J for such			
individual										4		
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye										5		
Section B. Independent Contractors												
1 Complete this table for your five highest com												
compensation from the organization. Report c	ompensati	on for	the	ca	lend	dar ye	ar e	ending with or with	nın the organizatio	n's tax		

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

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2023) Page **8**

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(59) JAMES "JP" PULLIAM III	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(60) TOM REILLY	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(61) ERIN MITCHELL RICHESON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(62) BROOKS ROBINSON	1.00 NONE	.,,						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(63) ELIZABETH SILBERT	1.00 NONE	X						NONE	NONE	NONE
DIRECTOR (64) WILLIAM "BILLY" SMALL	1.00							NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(65) HAYDON STANLEY	1.00							INOINE	NOINE	NOINE
DIRECTOR	NONE	X						NONE	NONE	NONE
(66) DARA STEELE-BELKIN	1.00	- 21						110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
(67) MICHAEL SULLIVAN	1.00							1,01,1	1,01,2	
DIRECTOR	NONE	X						NONE	NONE	NONE
(68) MICHAEL TABB	1.00								-	
DIRECTOR	NONE	Х						NONE	NONE	NONE
(69) PAUL TROTTI	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	<u> </u>	<u> </u>		ed al	hove	e) who	> re	eceived more than	\$100,000 of	
reportable compensation from the organization				. u		-, *****			Ţ.00,000 OI	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?) If	"Yes	5, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 c	of

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

² Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and I	Hig	hest Compensat	ed Employ	yees (c	ontinued)
(A) Name and title	hours per (do not check more than one box, unless person is both an					(D) Reportable compensation from	(E) Reportable compensation froi	on from d	(F) Estimated amount of other		
	hours for related organizations below dotted line)	Individ or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations
70) STEPHEN VAULT	1.00										
DIRECTOR	NONE	X						NONE		NONE	NON
		4									
1b Sub-total c Total from continuation sheets to Part VII, 5 d Total (add lines 1b and 1c)	Section A						> > >				
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	eceived more than	\$100,000	of	
	,										Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee											3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater thar	1 \$15	50,0	00?	? It	"Yes	s,"	complete Schedu	le J for	such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on	fron	n any	un	related organizati	on or indivi	idual	5 X
Section B. Independent Contractors	100, 00111610	10 001	7000	410 0	7 101	<u> </u>	poi				
Complete this table for your five highest corcompensation from the organization. Report year.											
SEE SCHEDULE O Name and business ac	ldress							(B) Description of se	ervices	С	(C) ompensation
							+				

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 125,000. Contributions, Gifts, Grants, and Other Similar Amounts Membership dues 1,613,615. c Fundraising events 1c 337,767. d Related organizations 8,543,640. Government grants (contributions) . . 1e All other contributions, gifts, grants, 17,051,980. and similar amounts not included above ... 1f g Noncash contributions included in 206,511 lines 1a-1f 1g \$ 27,672,002 Total. Add lines 1a-1f **Business Code** Program Service Revenue 624100 SUMMER PROGRAM FEES 438,253 438,253 713990 372,750 372,750 MEMBERSHIP DUES 713990 CAMP REVENUES 45,742. 45,742. d е All other program service revenue 856,745. Investment income (including dividends, interest, and 769.721. 769,721 NONE 4 Income from investment of tax-exempt bond proceeds . . . 5 NONE (i) Real (ii) Personal 100,523 Gross rents 6a 405,912 6b **b** Less: rental expenses Rental income or (loss) 6c -305,389 NONE d Net rental income or (loss)... -305,389. -305,389. (ii) Other Gross amount from (i) Securities sales of assets 13,601,561 other than inventory 7a b Less: cost or other basis Other Revenue 7b 13,453,394 and sales expenses . . 148,167 c Gain or (loss) 7c 148,167. 148,167. d Net gain or (loss) 8a Gross income from fundraising 1,613,615. events (not including \$ __ of contributions reported on line 223,308 1c). See Part IV, line 18 8a 569,744 8b **b** Less: direct expenses -346,436. -346,436. c Net income or (loss) from fundraising events 9a Gross income from gaming 31,505 activities. See Part IV, line 19 9a 9b **b** Less: direct expenses 31,505. 31,505. c Net income or (loss) from gaming activities. Gross sales of inventory, less 10a 395 returns and allowances b Less: cost of goods sold 10b Net income or (loss) from sales of inventory. 395. 395 **Business Code** Miscellaneous Revenue OTHER INCOME 900099 35,805 35,805 11a b d All other revenue 35,805. Total. Add lines 11a-11d 28,862,515. Total revenue. See instructions 892,550 297,963. 12

58-0566123

Part IX Statement of Functional Expenses

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

8b, 9	Check if Schedule O contains a respondence include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations	(A) Total expenses	(B) Program service	(C) Management and	(D)
2	Grants and other assistance to domestic organizations		expenses	general expenses	Fundraising expenses
	and domestic governments. See Part IV, line 21	NONE			
3	Grants and other assistance to domestic individuals. See Part IV, line 22	72,319.	72,319.		
	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	1,586,267.	1,243,167.	74,021.	269,079.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE	0 246 005	555 050	0.005.060
	Other salaries and wages	11,908,829.	9,346,297.	557,272. 24,867.	2,005,260. 40,669.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	148,787.	83,251.	·	
9	Other employee benefits	1,021,324.	820,498.	28,173.	172,653.
10	Payroll taxes	944,133.	758,243.	38,593.	147,297.
	(1) /	NONE			
	Management	NONE NONE			
	Legal	87,250.		87,250.	
	Accounting Lobbying L	NONE		07,230.	
	Professional fundraising services. See Part IV, line 17	123,720.			123,720.
	Investment management fees	38,164.		38,164.	
	Other. (If line 11g amount exceeds 10% of line 25, column	·			
Ū	(A), amount, list line 11g expenses on Schedule O.)	1,101,943.	833,169.	104,036.	164,738.
12	Advertising and promotion	95,135.	20,234.	1,091.	73,810.
13	Office expenses	2,015,054.	1,958,551.	20,025.	36,478.
14	Information technology	200,900.	180,810.	10,045.	10,045.
15	Royalties	NONE			
16	Occupancy	2,304,461.	2,254,815.	21,059.	28,587.
17	Travel	506,198.	488,986.	3,791.	13,421.
18	Payments of travel or entertainment expenses	NONE			
40	for any federal, state, or local public officials	NONE 143,230.	105,364.	18,269.	19,597.
	Conferences, conventions, and meetings	104,692.	104,692.	10,209.	19,397.
20 21	Interest Payments to affiliates Payments to affiliates Payments	46,365.	46,365.		
22	Depreciation, depletion, and amortization	1,907,517.	1,894,001.	6,291.	7,225.
23	Insurance	563,691.	486,989.	32,973.	43,729.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If		,	,	·
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OUTSIDE SERVICES	1,095,435.	997,235.	47,886.	50,314.
b	BANK CHARGES	136,346.	1,968.	134,358.	20.
С	BOARD EXPENSES	9,810.	1,002.	7,460.	1,348.
d					
	All other expenses	06 161 ==0	01 607 676	1 055 434	2 22 22 22
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) in the content of the content	26,161,570.	21,697,956.	1,255,624.	3,207,990.

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		х х
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	8,592,515.
	2	Savings and temporary cash investments	8,449,922.	2	4,387,666.
	3	Pledges and grants receivable, net	10,622,005.	3	8,507,963.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	6,815,100.	7	6,815,100.
Assets	8	Inventories for sale or use	NONE	8	NONE
ä	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	166,497.	9	131,572.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 63,460,801.			
	b	Less: accumulated depreciation 10b 44,224,805.	17,990,652.	10c	19,235,996.
	11	Investments - publicly traded securities SEE SCHEDULE .O	31,137,380.	11	32,546,373.
	12	Investments - other securities. See Part IV, line 11	1,313,897.	12	1,413,693.
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	40,893.	15	45,837.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	76,536,346.	16	81,676,715.
	17	Accounts payable and accrued expenses	658,216.	17	1,420,032.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue SEE SCHEDULE O [279,464.	19	178,148.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
=	23	Secured mortgages and notes payable to unrelated third parties	1,500,000.	23	750,000.
	24	Unsecured notes and loans payable to unrelated third parties	600,000.	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	3,037,680.	26	2,348,180.
seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	29,819,503.	27	33,350,745.
ä	28	Net assets with donor restrictions	43,679,163.	28	45,977,790.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	·		·
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	73,498,666.	32	79,328,535.
ž	33	Total liabilities and net assets/fund balances	76,536,346.	33	81,676,715.
_			, ,		Form 990 (2023)

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orm 98	0 (2023)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>515</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	5,1	61,	570
3	Revenue less expenses. Subtract line 2 from line 1	3	2	2,7	00,	945
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	73	3,4	98,	666
5	Net unrealized gains (losses) on investments	5	2	2,9	51,	029
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		1	93,	038
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_	15,	143
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	7.9	9,3	28,	<u>535</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	วท			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in th	ne			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo tl	ne			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	X	

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

307	ZS 8	GIRLS CLUBS OF ME	TRO ATLANTA,	INC			58-0	566123		
Pai	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.		
he	orga	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	ped in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz						(iii). Enter the		
		hospital's name, city, and st		•	•			,		
5		An organization operated	for the benefit of	a college or universit	ty owned	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C		· ·	•	•	, ,			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7	x	An organization that norma	-					om the general public		
		described in section 170(b)	=	· ·		3		5 1		
8		A community trust describe			Part II.)					
9	П	An agricultural research org				operated	I in conjunction with a	land-grant college		
-		or university or a non-land-	=			-	-	= =		
		university:	g g	.	,		, , ,	· ·····- g ·		
0		An organization that norma	ılly receives (1) mo	ore than 331/3 % of its	support	from co	ntributions membersh	in fees, and gross		
•		receipts from activities rela	ited to its exempt f	functions. subiect to c	ertain ex	ceptions	s: and (2) no more thai	n 331/3 % of its		
		support from gross investmacquired by the organization						businesses		
1		An organization organized	·		. , . , .		,			
2	\vdash	An organization organized a	•	•	-			rv out the nurnoses of		
_		one or more publicly suppo	•	•			•	, , ,		
		the box on lines 12a through	•			•				
_		Type I. A supporting orga		**			·	· · · · · · · · · · · · · · · ·		
а	_		•	•	-		• , ,			
		the supported organization				ajority of	the unectors of truste	es of the		
L		supporting organization.	=			with ito	aupported organizati	on(a) by baying		
b							· · ·			
		control or management o			me sam	e persor	is that control of mar	lage the supported		
_		organization(s). You must			stad in a	ti-	n with and functions	lly into anoto d with		
C			- : :					ny integrated with,		
		its supported organization		•				tod organization(a)		
d			= :		•			= ::		
		that is not functionally into	-	= -	-		· ·	an attentiveness		
_		requirement (see instruct	•	-				II Tura III		
е		_ Check this box if the orga						п, туре ш		
f	En	functionally integrated, or ter the number of supported				organizai	ION.			
'		ovide the following information								
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	(.,	amo or oupported organization	(, =	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
A)										
B)										
<u></u>										
C)										
D)										
_										
E)										
ota	11									

Schedule A (Form 990) 2023 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,326,391.	15,790,635.	20,582,288.	32,739,416.	27,672,002.	113,110,732.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	16,326,391.	15,790,635.	20,582,288.	32,739,416.	27,672,002.	113,110,732.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						22,864,642.
	Public support. Subtract line 5 from line 4						90,246,090.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,326,391. 1,165,062.	15,790,635. 1,042,386.	20,582,288. 1,161,736.	32,739,416. 953,682.	27,672,002. 870,244.	113,110,732. 5,193,110.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,515.	388,178.	NONE	23,578.	35,805.	464,076.
11	Total support. Add lines 7 through 10						118,767,918.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	4,181,843.
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
	tion C. Computation of Public Sup			4.4 . 1 . (5)		4.4	75.00.00
14	Public support percentage for 2023 (li		-			14	75.99 % 77.64 %
15 10-	Public support percentage from 2022					15	
	331/3% support test - 2023. If the org box and stop here. The organization qu 331/3% support test - 2022. If the org	ualifies as a pub	licly supported	organization			х
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2023. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets	the facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 2	2022. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	zation meets the	e facts-and-circ	umstances test,	check this box	and stop here .	. Explain
	in Part VI how the organization meets	the facts-and-	-circumstances t	est. The organi	zation qualifies	as a publicly su	upported
18	organizationPrivate foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **3**

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

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

					<u> </u>	,	
	tion A. Public Support		4 > 0000	() 0004	(N 2222	() 0000	(O.T.)
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	T	T	T	T
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first secon	d third fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	•			•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2022 Sche		-			16	%
	tion D. Computation of Investment					1	70
17	Investment income percentage for 2023 (lir			13 column (f))		17	%
18	Investment income percentage for 2023 (in						//
	mirestinent meetile percentage Helli zuzz						
ı J a		nanization did r					
	331/3% support tests - 2023. If the or	-					
h	331/3% support tests - 2023. If the or 17 is not more than $331/3%$, check this	s box and stop	here. The orga	nization qualifies	as a publicly s	upported organiza	ation
b	331/3% support tests - 2023. If the or	s box and stop anization did not	here. The orgation to the check a box on	nization qualifies line 14 or line	as a publicly s 19a, and line 16	upported organization is more than 33	ation

JSA 3E1221 1.000 Schedule A (Form 990) 2023 Page 4

Part IV Supporting Organizations

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

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

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

		Yes	No
erning ed by			
	1		
status p <i>orted</i>			
	2		
nswer	3a		
6) and w the			
	3b		
(2)(B)	3с		
ר")? <i>If</i>	4a		
oreign cretion			
	4b		
nation used (2)(B)			
	4c		
"Yes," ad EIN action; action			
	5a		
lready			
	5b 5c		
	50		
es) to efited ort or			
	6		
ibutor entity			
-	7		
n line	8		
more			
ations			
	9a		
which	9b		
enefit	9c		
ection			
grated			
20, to	10a		
	10b		
Schedul	e A (Fo	orm 990	0) 2023

Schedule A (Form 990) 2023 Page **5**

Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		1.0	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	_		
Cootie	on D. All Type III Supporting Organizations	1		
Secur	on D. All Type III Supporting Organizations		Voc	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	103	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	a ineti	uction	e)
			-	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	20		
		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.				
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
_7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Se	ection C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6						
7			ted Type III supportin	g organization				

Schedule A (Form 990) 2023

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
	D: + 11 + + 1		110-2025		Amount for 2025
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
_3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				

Schedule A (Form 990) 2023

6

Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2019 Excess from 2020 Excess from 2021 Excess from 2022 Excess from 2023

and 4c.

Part VI

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

SCHEDULE A, PART II - OTHER INCOM	ΊΕ					
DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	16,515.	388,178.	NONE	23,578.	35,805.	464,076.
-						
TOTALS	16,515.	388,178.	NONE	23,578.	35,805.	464,076.
	16,515.	388,178.	NONE	23,578.	35,805.	

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number Name of the organization BOYS & GIRLS CLUBS OF METRO ATLANTA, INC 58-0566123 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line

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

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

Schedule B (Form 990) (2023)

Name of organization

ROYS & GIRLS CLUBS OF METRO ATLANTA IN

Employer identification number

	BUIS & GIRLS CLUBS OF METRO ATLA	NIA, INC	56-0566123	
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	N/A	\$ 1,612,405.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4_	N/A	\$1,398,641.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6_	N/A	\$1,250,000.	Person Payroll Noncash (Complete Part II for	

noncash contributions.)

Page 2

Name of organization BOYS & GIRLS CLUBS OF METRO ATLANTA, INC Employer identification number 58-0566123

Parti	Contributors (see instructions). Use duplicate cop	ies of Part i il additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$\$652,466.	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.)

Name of organization Employer identification number

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

58-0566123

Noticasti Property (see instructions). Ose duplicate copies	or Fart if it additional space is the	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given S

Page 4 Schedule B (Form 990) (2023) Name of organization **Employer identification number** BOYS & GIRLS CLUBS OF METRO ATLANTA, INC 58-0566123 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number				
BOY	S & GIRLS CLUBS OF METRO ATLANTA, I	58-0566123		
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor		in donor advised	
•	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
•	only for charitable purposes and not for the bene			
	conferring impermissible private benefit?			
Pa	rt Conservation Easements			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (for example		of a historically important land area	
	Protection of natural habitat		of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation	
	easement on the last day of the tax year.	•	Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified		2c	
d	Number of conservation easements included on lir			
-	not on a historic structure listed in the National Reg		2d	
3	Number of conservation easements modified, tra			
-	tax year			
4	Number of states where property subject to conse	rvation easement is located		
5	Does the organization have a written policy reg		ion, handling of	
	violations, and enforcement of the conservation ea		-	
6	Staff and volunteer hours devoted to monitoring, insp			
			Ç	
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year	
8	Does each conservation easement reported on line	e 2d above satisfy the requirements of sec	tion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports			
	sheet, and include, if applicable, the text of the foo		nents that describes the	
	organization's accounting for conservation easeme			
Pa	rt III Organizations Maintaining Collections		r Similar Assets	
	Complete if the organization answered			
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	SB ASC 958, not to report in its revenu	e statement and balance sheet works	
	service, provide in Part XIII the text of the footnote	to its financial statements that describes th	hese items.	
b	If the organization elected, as permitted under F			
	art, historical treasures, or other similar assets he provide the following amounts relating to these item	ld for public exhibition, education, or resense:	earch in furtherance of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X		\$	
2	If the organization received or held works of a			
	following amounts required to be reported under F			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

			BS OF METRO AT			58-0566		Page 2
Pa	rt III Organizations Maintaini		· · · · · · · · · · · · · · · · · · ·					
3	Using the organization's acquisitio	n, accession, and o	other records, check	c any of th	e following that m	nake significar	nt use	of its
	collection items (check all that apply	y).						
а	Public exhibition		d Loan o	or exchange	e program			
b	Scholarly research		e Other					
С	Preservation for future gener	ations						
4	Provide a description of the organ	ization's collections	and explain how t	hey further	the organization's	s exempt pur	pose in	Part
	XIII.							
5	During the year, did the organizatio	n solicit or receive o	lonations of art, histo	orical treas	ures, or other simil	ar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the o	organization	n's collection?	Y	es	No
Pa	rt IV Escrow and Custodial A	rrangements						
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line	e 9, or reported a	n amount on	Form	
	990, Part X, line 21.							
1a	Is the organization an agent, trust	ee, custodian or o	ther intermediary fo	or contribut	tions or other ass	ets not		
	included on Form 990, Part X?		-				es	No
b	If "Yes," explain the arrangement in							_
		·	· ·			Amount	-	
С	Beginning balance			1c			-	
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a					ustodial account lia	bility? Y	es	No
	If "Yes," explain the arrangement in							- 110
	rt V Endowment Funds							
	Complete if the organiza	tion answered "Ye	s" on Form 990. F	Part IV. line	e 10.			
		(a) Current year	(b) Prior year	(c) Two year		ears back (e) F	our years	s back
4 -	Danissis such states	48,053,774.	43,610,842.	40,390,	, , ,		35,592,	
	Beginning of year balance	40,033,774.	43,010,042.	40,350,		66,615.	4,936,	
b	Contributions				3,40	0,013.	4,930,	J44.
С	Net investment earnings, gains,	E 020 00E	6 702 000	4 540	671 2 22	14 006	E 4E0	110
_	and losses	5,820,005.	6,703,989.	4,540,		24,906.	5,458,	
d	Grants or scholarships	72,319.	93,957.	89,	363. 7	77,344.	171,	323.
е	Other expenditures for facilities	0 000 535	0.164.020	1 000	503		0 000	455
	and programs	2,900,537.	2,164,939.	1,229,		17,733.	9,890,	
f	Administrative expenses	24,646.	2,161.			1,177.		151.
g	End of year balance	50,876,277.	48,053,774.	43,610,	l .	90,333.	35,925,	066.
2	Provide the estimated percentage			column (a)) held as:			
a	Board designated or quasi-endowm		/0					
	Permanent endowment 5.900	<u>JU</u> %						
С	Term endowment <u>84.4800</u> %		1000/					
_	The percentages on lines 2a, 2b, a							
За	Are there endowment funds not in t	the possession of the	ne organization that	are held ar	nd administered for	the	Yes	No
	organization by:							
	(i) Unrelated organizations?							X
	(ii) Related organizations?							X
b	If "Yes" on line 3a(ii), are the relate	•	•			3k	<u> </u>	
4	Describe in Part XIII the intended u		tion's endowment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	l ipment ation answered "Vi	es" on Form 990 I	Part IV lin	e 11a See Form	990 Part X	line 10	1
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Boo		٥.
		(inves	tment) (o	ther)	depreciation			
1a	Land			60,863.			560,8	
b	Buildings			95,362.	34,408,753.		986,6	
С	Leasehold improvements		1,4	74,119.	622,434.		851,6	585.
d	Equipment		4,9	16,071.	4,079,846.		836,2	225.
е	Other		8,1	14,386.	5,113,772.	3,	000,6	$514.^{-1}$

19,235,996. Schedule D (Form 990) 2023

58-0566123

Part VII	Investments - Other Securities Complete if the organization answered	d "Yes" on Form 990). Part IV. line 11b. See Form 990	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
` '	held equity interests			
. ,	,			
(A) _				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11d. See Form 990	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15,	col. (B))		
Part X	Other Liabilities Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		otion of liability		(b) Book value
	ral income taxes	on or nabiney		(b) Book value
(2)	ar moomo taxos			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990. Part X line 25. col. (B))			

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

JSA 3E1270 1.000

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
– a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b4a			
a b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Part				
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5		
	XIII Supplemental Information			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
SEE	SUPPLEMENTAL PAGE			
-				

SCHEDULE D, PART V, LINE 1

2021 AMOUNTS HAVE BEEN RESTATED TO MATCH THE PRESENTATION OF THE INVESTMENT BALANCE AND ENDOWMENT BALANCE IN 2022. THIS RESTATEMENT IS CONSISTENT WITH THE AUDIT AND DOES NOT CHANGE THE BEGINNING OR ENDING ENDOWMENT BALANCES.

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS CONSIST OF INVESTMENTS TO BE HELD, THE INCOME FROM WHICH, IS UNRESTRICTED FOR SUPPORT OF YOUTH PROGRAM SERVICES.

SCHEDULE D, PART X, LINE 2

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

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

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

EXAMINATIONS FOR THE TAX YEARS ENDING BEFORE DECEMBER 31, 2020.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number BOYS & GIRLS CLUBS OF METRO ATLANTA, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations X | Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Χ X Special fundraising events Phone solicitations C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. GA,

58-0566123 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 YOUTH OF YEAR (event type)	(b) Event #2 TOP GOLF (event type)	(c) Other events 13 (total number)	(d) Total events (add col. (a) through col. (c))
ē			(everit type)	(event type)	(total number)	
Revenue	1	Gross receipts	984,489.	230,747.	621,687.	1,836,923.
K	2	Less: Contributions Gross income (line 1	907,239.	186,393.	519,983.	1,613,615.
	ა —	minus line 2)	77,250.	44,354.	101,704.	223,308.
	4	Cash prizes				
	5	Noncash prizes			2,698.	2,698.
enses	6	Rent/facility costs	99,301.	84,592.	50,453.	234,346.
Direct Expenses	7	Food and beverages	81,614.		59,008.	140,622.
Direc	8	Entertainment				
	9	Other direct expenses	89,995.	6,234.	95,849.	192,078.
	10	Direct expense summary. Add lin	nes 4 through 9 in col	umn (d)		569,744.
	11	Net income summary. Subtract I	line 10 from line 3, col	umn (d)		-346,436.
Pa	rt III	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			31,505.	31,505.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	subtract line 7 from line	e 1, column (d)		31,505.
9 a b	E Is	Enter the state(s) in which the orgsthe the organization licensed to conf "No," explain:	anization conducts ga	ming activities: in each of these state	es?	
10a b		Vere any of the organization's gamino f "Yes," explain:				Yes X No

Schedule G (Form 990) 2023

Sched	ule G (Form 990 or 990-EZ) 2023 BOYS & GIRLS CLUBS OF METRO ATLANTA, INC	58-056612	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?		s X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti-		
	formed to administer charitable gaming?	Ye	s X No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a NON	NE %
b		13b 100.000	00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	cs and	
	Name ► SUSAN QUINN		
	Address ► 2880 DRESDEN DRIVE CHAMBLEE, GA 30341		
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming	
	revenue?		s X No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ► SALIU RASHIDAT OLUWADAMILOLA		
	Gaming manager compensation ►\$36,933.		
	Description of services provided ► SPECIAL EVENTS MANAGER		
	Director/officer X Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming pro	oceeds to	
_	retain the state gaming license?		s X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organized to the distribution of the company of		
~	or spent in the organization's own exempt activities during the tax year > \$	arnzationo	
Par			

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2023

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
BOYS & GIRLS CLUBS OF METRO ATLANT	A, INC					58-0566123	
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_			•		es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list							

58-0566123

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 scholarships	47	72,319.		FMV	
2					
3					
4					
5					
_ 6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

THE ONLY GRANTS PROVIDED BY BGCMA ARE SCHOLARSHIP AWARDS TO GRADUATING SENIORS. THE INDIVIDUALS WHO RECEIVE THESE AWARDS ARE SELECTED BY A DIVERSE COMMITTEE OF BOARD MEMBERS AND STAFF BASED UPON SPECIFIC REQUIREMENTS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

Employer identification number 58-0566123

OMB No. 1545-0047

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	۵		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DAVID JERNIGAN	(i)	302,847.	80,000.	1,342.	26,517.	9,432.	420,138.	
1 PRESIDENT & CEO	(ii)							
MICHAEL A. LAMONT	(i)	125,958.	1,500.	963.	13,665.	27,134.	169,220.	
2 CHIEF OF STAFF	(ii)							
VERONICA SUSAN SQUIRES	(i)	169,659.	500.	863.	16,312.	187.	187,521.	
3 CHIEF DEVELOPMENT OFFICER	(ii)							
VICTOR FIORESI	(i)	143,968.	500.	805.	16,903.	29,218.	191,394.	
4 CHIEF FINANCIAL OFFICER	(ii)							
TERRI J. FISHBACK	(i)	125,260.	500.	533.	10,632.	17,535.	154,460.	
5 CHIEF PROGRAMS & OPS OFFICER	(ii)							
MARGO MARKS	(i)	130,066.	500.	750.	16,150.	22,463.	169,929.	
6 VP OF HUMAN RESOURCES	(ii)							
CARL EUGENE PATTEN	(i)	122,470.		733.	10,689.	18,957.	152,849.	
7 VP INFORMATION TECHNOLOGY	(ii)							
SUSAN GALVAN QUINN	(i)	128,505.	1,500.	975.	8,333.	27,134.	166,447.	
8 VP/CONTROLLER	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

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Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B

ON JANUARY 25, 2020, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, INC. ENTERED INTO A BOARD APPROVED RETENTION PLAN FOR THE BENEFIT OF DAVID JERNIGAN, PRESIDENT AND CEO. MR. JERNIGAN WILL VEST IN THE PLAN AFTER 3 YEARS OF SERVICE FROM MAY 15, 2021. THE PAYMENT FOR THE PLAN IS A LUMP SUM AMOUNT OF \$60,000, SUBJECT TO APPROPRIATE TAX WITHHOLDING, WHICH WAS PAID OUT THIS TAX YEAR ON THE PAY PERIOD NEAREST MAY 15, 2023.

ON MAY 25, 2023, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, INC. ENTERED INTO A BOARD APPROVED RETENTION PLAN FOR THE BENEFIT OF DAVID JERNIGAN, PRESIDENT AND CEO. MR. JERNIGAN WILL VEST IN THE PLAN AFTER 3 YEARS OF SERVICE FROM MAY 25, 2023. THE PAYMENT FOR THE PLAN IS A LUMP SUM AMOUNT OF \$60,000, SUBJECT TO APPROPRIATE TAX WITHHOLDING, TO BE PAID BOYS & GIRLS CLUBS OF METRO ATLANTA, INC OUT ON THE PAY PERIOD ON OR NEAR MAY 15, 2026. IF MR. JERNIGAN'S EMPLOYMENT TERMINATES FOR ANY REASON OTHER THAN DEATH OR DISABILITY PRIOR TO COMPLETION OF 3 YEARS OF SERVICE, HE IS NOT ENTITLED TO ANY PAYOUTS FROM THE PLAN. THE AMOUNT OF BENEFIT ACCRUED

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DURING THE TAX YEAR WAS \$11,667.

SCHEDULE J, PART I, LINE 7

IN 2021, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, INC. ENTERED INTO BOARD- APPROVED RETENTION PLANS FOR LORENE JACKSON, MARGO MARKS, MICHAEL A. LAMONT, KIMBERLY LUCAS, SHERNA PHILLIPS AND VERONICA SUSAN SQUIRES. THE AMOUNT OF BENEFIT PAID DURING THE TAX YEAR WAS \$20,000. THE AMOUNT OF BENEFIT ACCRUED DURING THE TAX YEAR WAS \$50,000. IN 2022, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, INC. ENTERED INTO BOARD-APPROVED RETENTION PLANS FOR VICTOR FIORESI AND SUSAN GALVAN QUINN. THE AMOUNT OF BENEFIT ACCRUED DURING THE TAX YEAR WAS \$18,333. IN 2023, THE BOYS AND GIRLS CLUB OF METRO ATLANTA, INC. ENTERED INTO BOARD-APPROVED RETENTION PLANS FOR CARL EUGENE PATTEN AND TERRI J. FISHBACK. THE AMOUNT OF BENEFIT ACCRUED DURING THE TAX YEAR WAS \$24,583.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BOYS & GIRLS CLUBS OF METRO ATLANTA. INC

Employer identification number

	S & GIRLS CLUBS OF METRO	AILANIA,	, INC	3	00-0300123			
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	12	201,640.	STOCK QUO	ΓE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous	X	4	508.	THE GIVING	G BI	OCK	
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18 19	Collectibles							
20	Food inventory Drugs and medical supplies							
21	=							
22	Taxidermy Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SEE SUPP PAGE)		3.	4,363.				
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received	by the orga	anization during the tax y	ear for contributions for				
	which the organization completed I	, ,	,		29			
	·						Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least 3	years from t	the date of the initial contr	ibution, and which isn't re	quired to be			
	used for exempt purposes for the e	ntire holding	period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a		· · · · · · · · · · · · · · · · · · ·		nonstandard			
	contributions?					31	X	
32a	Does the organization hire or use	•	_	· ·	ell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Part II Su

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

SCHEDULE M, PART I, COLUMN (B)

AMOUNT REPORTED IN COLUMN (B) IS DETERMINED BY THE NUMBER OF CONTRIBUTIONS RECEIVED, NOT THE NUMBER OF ITEMS.

SCHEDULE M, PART I, LINE 32B

ANY NON-CASH CONTRIBUTIONS IN THE FORM OF STOCKS ARE IMMEDIATELY SENT TO TRUIST FOR LIQUIDATION, SO THE STOCKS CAN BE CONVERTED TO CASH. THE GIVING BLOCK RECEIVES AND LIQUIDATES ANY CRYPTOCURRENCY DONATIONS ON OUR BEHALF.

Part II

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

SCHEDULE M, PART I	- OTHER NO	NCASH CONTRIBUTIONS	5	
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
FOOD/MEALS SUPPLIES & GOOD	X X	1 2	675. 3,688.	DONOR INVOICE DONOR PROVIDED
TOTALS		3.	4,363.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

58-0566123

FORM 990, PART III, LINE 4A

ACADEMIC SUCCESS CONTINUED:

EACH CLUB HAS A DESIGNATED LEARNING CENTER AND A COMPUTER LAB. LEARNING
CENTERS ARE ALWAYS OPEN DURING CLUB HOURS, AND STAFF AND VOLUNTEERS ARE
ON HAND TO GUIDE EDUCATIONAL ACTIVITIES. ACADEMIC PROGRAMS FOCUS ON EARLY
LITERACY, HOMEWORK ASSISTANCE AND TUTORING, STEM, AND ARTS AND CULTURAL
ENRICHMENT. INTEGRATED INTO ACADEMIC PROGRAMS IS OUR WORKFORCE
DEVELOPMENT INITIATIVE THAT ENGAGES HIGH SCHOOL MEMBERS IN
CAREER-READINESS WORKSHOPS, WORKPLACE EXCHANGE PROGRAMS, AND SUMMER JOBS
& INTERNSHIPS THAT HELP PREPARE THEM FOR FUTURE POST-SECODARY
OPPORTUNITIES. ADDITIONALLY, ALL OF OUR PROGRAMS ARE IMPLEMENTED ON A
FOUNDATION OF SOCIAL AND EMOTIONAL DEVELOPMENT. WE TRAIN ON PRACTICES AND
RUN PROGRAMS THAT TEACH EMOTIONAL AWARENESS (EMOTIONAL AND PHYSICAL) AND
REGULATION TECHNIQUES (SOCIAL AND PHYSICAL) FOR YOUTH TO USE WHEN FACED
WITH HARDSHIP. THE SKILLS LEARNED IN THIS PROGRAM TRANSLATE TO THEIR
ABILITY TO PERSEVERE THROUGH HOMEWORK WHEN IT DOESN'T MAKE SENSE OR
CONTROL EMOTIONS WHEN A CLASSROOM ENVIRONMENT FEELS DIFFICULT.

FORM 990, PART III, LINE 4C

HEALTHY LIFESTYLES CONTINUED:

PREVENTION PROGRAMS ADDRESS PROBLEMS SUCH AS DRUG AND ALCOHOL USE AND UNSAFE SEXUAL ACTIVITY, WHILE GENDER-SPECIFIC PROGRAMS REINFORCE POSITIVE BEHAVIOR AND ALLOW YOUTH TO LEARN FROM THEIR PEERS IN A SAFE ENVIRONMENT. BGCMA ALSO OFFERS TEAM-BASED SPORTS PROGRAMS FOR ALL GENDERS AND ALL AGES. ADDITIONALLY, OUR SOCIAL AND EMOTIONAL DEVELOPMENT STRATEGY FOSTERS A STRONGER SENSE OF SELF AND AUTONOMY IN DECISION MAKING, WHICH LEADS TO

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

58-0566123

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

HEALTHIER DECISIONS IN RELATIONSHIPS WITH SELF AND OTHERS, THUS DECREASING RISKY BEHAVIORS AND INCREASING PRO-SOCIAL BEHAVIORS.

FORM 990, PART VI, SECTION B, LINE 11

BEFORE THE 990 IS FILED, THE AUDIT COMMITTEE MEETS WITH THE INDEPENDENT ACCOUNTANTS WHO PREPARED THE FEDERAL FORM 990 AND THE CFO FOR A REVIEW AND DISCUSSION ON ITS CONTENTS. THE AUDIT COMMITTEE DECIDES WHETHER TO RECOMMEND APPROVAL BY THE BOARD. ONCE APPROVED BY THE AUDIT COMMITTEE, A COPY OF THE DRAFT RETURN, WITHOUT COMPENSATION DETAIL, IS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR A ONE-WEEK REVIEW AND COMMENT PERIOD BEFORE THE 990 IS FILED.

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

ALL NEW AND RETURNING BOARD MEMBERS ARE ANNUALLY EXPECTED TO FILL OUT A

CONFLICT OF INTEREST QUESTIONNAIRE AND ALERT THE CFO OF ANY CONFLICTS.

---IT SHALL BE THE POLICY OF BOYS & GIRLS CLUBS OF METRO ATLANTA, INC.

(THE "CORPORATION") THAT THE CORPORATION SHALL NOT ENTER INTO ANY

SIGNIFICANT "DIRECTOR'S CONFLICTING INTEREST TRANSACTION" (AS DEFINED IN

GEORGIA CODE ANNOTATED SECTION 14-3-860) UNLESS THE TRANSACTION SHALL

HAVE RECEIVED THE AFFIRMATIVE VOTE OF THE MAJORITY OF THOSE DIRECTORS ON

THE BOARD OF DIRECTORS OR A DULY EMPOWERED COMMITTEE THEREOF WHO DO NOT

HAVE EITHER A CONFLICTING INTEREST RESPECTING THE TRANSACTION, OR A

FAMILIAL, FINANCIAL, PROFESSIONAL OR EMPLOYMENT RELATIONSHIP WITH ANOTHER

DIRECTOR WHO DOES HAVE A CONFLICTING INTEREST RESPECTING THE

TRANSACTION, IN EACH CASE AFTER DISCLOSURE TO THE DIRECTORS VOTING ON

SUCH TRANSACTION OF THE INFORMATION REGARDING THE TRANSACTION AND THE

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

58-0566123

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

14-3-862.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

BOYS & GIRLS CLUBS OF METRO ATLANTA,

THE PROCESS OF DETERMINING CEO COMPENSATION INCLUDES SALARY SURVEYS, COMPARABLE DATA FROM SIMILAR SIZED CHILDREN WELFARE/MENTAL HEALTH ORGANIZATIONS AND COMPARABLE EDUCATION, ACCREDITATION AND LICENSURE REQUIREMENTS. INFO IS THEN REVIEWED BY THE CEO COMPENSATION COMMITTEE (MADE UP OF SELECT MEMBERS OF THE BOARD OF DIRECTORS). FINAL SALARY IS VOTED ON BY THE EXECUTIVE COMMITTEE AND SHARED WITH THE FULL BOARD IN CLOSED SESSION.

INC

FORM 990, PART VI, SECTION C, LINE 19

FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.PRIOR YEAR FORM 990 IS AVAILABLE ON GUIDESTAR. ORGANIZATION WEBSITE ADVISES DONORS WHERE TO REQUEST FORMS.

FORM 990, PART XI, LINE 9

(15,143.00) MARKET VALUE ADJUSTMENT INTEREST RATE SWAP

Name of the organization

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

58-0566123

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BOYS & GIRLS CLUBS OF METRO ATLANTA'S (BGCMA) MISSION IS TO IGNITE THE UNLIMITED POTENTIAL OF KIDS AND TEENS BY CREATING SAFE, INCLUSIVE, AND ENGAGING ENVIRONMENTS. OUR VISION IS THOUSANDS OF YOUNG LEADERS THRIVING IN LIFE AND STRENGTHENING THE FUTURE OF THEIR COMMUNITIES AND THE WORLD. THROUGH 26 CLUBS IN 10 METRO COUNTIES, TRAINED AND PROFESSIONAL STAFF SERVE NEARLY 7,000 YOUTH (AGES 6-18) DAILY THROUGH PROGRAMS THAT HELP KIDS GET COLLEGE AND CAREER READY, LIVE HEALTHY LIVES, AND BECOME LEADERS. BGCMA ALSO OVERSEES CAMP KIWANIS, A 160-ACRE OUTDOOR RESIDENCE CAMP. IT COSTS OUR FAMILIES BETWEEN \$85-\$285 PER CHILD EACH YEAR BASED ON INCOME TO BECOME A MEMBER OF OUR CLUBS. YET IT COSTS US APPROXIMATELY \$10,500 TO EFFECTIVELY SERVE EACH CHILD. NO CHILD IS TURNED AWAY DUE TO INABILITY TO PAY. FOR MORE INFORMATION, PLEASE VISIT WWW.BGCMA.ORG.

Name of the organization	Employer identification number		
BOYS & GIRLS CLUBS OF METRO ATLANTA	TNC	58-0566123	

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS					
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
CHEF ADVANTAGE					
975 COBB PLACE BLVD NW #305					
KENNESAW, GA 30144	FOOD SERVICE	1,750,650.			
LEAPLEY CONSTRUCTION GROUP OF ATLANTA LL 180 INTERSTATE NORTH PARKWAY SUITE 140 ATLANTA, GA 30339	CONSTRUCTION	1,143,924.			
PEACH STATE ROOFING, INC 1655 SPCTRUM DRIVE					
LAWRENCEVILLE, GA 30043	CONSTRUCTION	844,580.			
SMART SHIELD SECURITY, INC 1 MECA WAY NORCROSS, GA 30093	SECURITY WIRING	333,753.			
RUSSELL LANDSCAPE, LLC PO BOX 63220	I ANDGGADING GEDVITGEG	140 456			
CHARLOTTE, NC 28263-3220	LANDSCAPING SERVICES	148,456.			

	· -9- —
Name of the organization	Employer identification number
BOYS & GIRLS CLUBS OF METRO ATLANTA, INC	58-0566123
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS	
	ENDING
DESCRIPTION	BOOK VALUE
PREPAID EXPENSES	96,635.
PREPAID INSURANCE	26,034.
	•
DEPOSITS	8,903.
TOTALS	131,572.

Name of the organization

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

58-0566123

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING	COST
DESCRIPTION	BOOK VALUE	OR FMV
BOND AND BOND MUTUAL FUNDS	12,622,207.	FMV
EQUITY MUTUAL FUND \$ COM STOCK	17,242,993.	FMV
ST RESERVES AND CASH FUNDS	2,681,173.	FMV

TOTALS 32,546,373.

TOTALS

178,148.

=========

Schedule O (Form 990 of 990-EZ) 2023	rage Z
Name of the organization	Employer identification number
BOYS & GIRLS CLUBS OF METRO ATLANTA, INC	58-0566123
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
UNEARNED REVENUE	114,485.
DEFERRED MEMBER RAISED	63,663.

JSA

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number BOYS & GIRLS CLUBS OF METRO ATLANTA, INC 58-0566123

Part I Identification of Disregard	ed Entities. Complete if the organization	n answered "Yes" o	n Form 990, Part I'	V, line 33.		
Name, address, and EIN (i	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
(1) BGCMA PROPERTIES, LLC	86-2903019					
2880 DRESDEN DRIVE	CHAMBLEE, GA 30341	RE HOLDING	GA	-150.	NONE	BGCMA
(2)						
(3)						
(4)						
(5)						
(6)						

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b)(1 controlled entity?		
						Yes	No	
(1) BGCMA HARLAND REAL ESTATE COMPANY 82-4157072								
2880 DRESDEN DRIVE CHAMBLEE, GA 30341	INVESTING	GA	501(C)(3)	TYPE 12-A	N/A	Х		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2023

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34	4,
i ait iii	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(20 managing (-1 partner?		General or managing partner?		General or managing		General or managing		General or managing partner?		(k) Percentage ownership
		country)		30000010 012 011)			Yes	No		Yes	No									
(1)																				
(2)																				
(3)	_																			
(4)	_																			
<u>(5)</u>	-																			
(6)	-																			
(-)																				
<u>(7)</u>	-																			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

	١,	,	

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

NOt	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					163	110
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e	Х	
	Totallo or loan guarantoos sy rolatos organization(e)						
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s).				1h		Х
	Exchange of assets with related organization(s).				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
J	Lease of facilities, equipment, of other assets to related organization(s).				•		
l.	Leans of facilities, aguinment, or other assets from related organization(s)				1k		Х
	Lease of facilities, equipment, or other assets from related organization(s)				11		X
	Performance of services or membership or fundraising solicitations for related organization(s)				1m		X
	Performance of services or membership or fundraising solicitations by related organization(s).				1n		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х	
0	Sharing of paid employees with related organization(s)				10	^	
					4		3.7
	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s).				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t			action thre		S	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	a
	Tanio or Glades organization	type (a - s)	,		unt invo		9
(1)	BGCMA HARLAND REAL ESTATE COMPANY	С	337,767.	CASH			
(2)							
(3)							
(4)							
(5)							
(6)							

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Are all sec 501 organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man	(j) eral or aging ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2023

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

RENT AND ROYALTY INCOME

Taxpayer's Name BOYS & GIRLS CLUBS OF METRO ATLANTA, INC 58-056										
DESCRIPTION OF PROPERTY VARIOUS RENTAL O	F B&GC PROP	ERTY								
	ctively participate in th		of the ac	tivity c	during the tax year?					
TYPE OF PROPERTY:										
REAL RENTAL INCO	ME									
OTHER INCOME:										
RENTAL INCOME						100,	523.			
TOTAL GROSS INCOME						<u> </u>			100,523.	
OTHER EXPENSES:										
OTHER EXPENSES						405,	912.			
DEPRECIATION (SHOWN BELOW)										
LESS: Beneficiary's Portion										
AMORTIZATION										
LESS: Beneficiary's Portion .										
DEPLETION										
LESS: Beneficiary's Portion										
TOTAL EXPENSES									405,912.	
TOTAL RENT OR ROYALTY INCOME	(LOSS)								-305,389.	
Less Amount to										
Rent or Royalty										
Depreciation										
Depletion										
Investment Interest Expense										
Other Expenses										
Net Income (Loss) to Others								•	205 200	
Net Rent or Royalty Income (Loss)								•	-305,389.	
Deductible Rental Loss (if Applicable SCHEDULE FOR DEPRECIAT					<u> </u>			-		
SCHEDOLE FOR DEFRECIAT	ION CLAIMLD		I					I		
	(L) O (() 5 ((d)	(e)	(0.5. : ((g) Depreciation		(i) Life	() 5	
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	ACRS	Bus.	(f) Basis for depreciation	in	(h) Method	or	(j) Depreciation for this year	
	unadjuotou buolo	doquilod	des.	%	doprocidion	prior years	Motified	rate	ioi tino you	
Totals					<u>.</u>					

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

100,523.

100,523.

OTHER DEDUCTIONS

405,912. -----405,912. =======

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
VARIOUS RENTAL OF B&	100,523.		405,912.	-305,389.
TOTALS	100,523.		405,912.	-305,389.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Attachment Sequence No.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

BOYS & GIRLS CLUBS OF METRO ATLANTA, INC

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number 58-0566123

Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions)................ Total cost of section 179 property placed in service (see instructions). . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter separately, see instructions If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12..... Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention (f) Method placed in only - see instructions) service 19a 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MMS/L h Residential rental ММ S/L 27.5 yrs. property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/I **c** 30-year 30 yrs MM S/L d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562	(2023) 58-0566123	Page 2
Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)	
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,	

		ent, recreation, o					,		,	•	' '				
	Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.														
											nassa	naer ai	ıtomobile	ae)	
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes														No	
	(a) (b)		(c)		o ciamica :		(e)						(h)	T '	(i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	Cost or	(d) or other basis		Basis for depreciation (business/investment use only)		Recovery period	1		Depr	eciation luction	tion Elected section	
25	Special depreciat	ion allowance	for qualified	l liste	ed pro	perty	place	d in	service	during	1				
	the tax year and us		•				•				´				
26	Property used more	e than 50% in a qu	ualified busine	ess use	:						<u> </u>				
			%												
			%												
			%												
27	Property used 50%	or less in a qualif	ied business ι	use:					•	•					
			%						S/L -						
			%						S/L -						
		%	%						S/L -						
28	Add amounts in co														
29	Add amounts in co	lumn (i), line 26. E	nter here and	d on lir	ne 7, pa	age 1 .							. 29		
			Section												
	nplete this section for													rovided	vehicle
to y	our employees, first ans	swer the questions ir	Section C to s	see if yo	ou meet	an exc	eption to	comp	leting this	section	for those	vehicle	es.		
			(a)			(b) Vehicle 2		(c)	(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6		
30					cle 1	Vel	nicle 2	\ \ \							ehicle 3
	the year (don't include commuting miles)														
31	Total commuting m	iles driven during	the year .												
32	Total other p	ersonal (nonco	mmuting)												
	miles driven														
33	Total miles drive	n during the y	ear. Add												
	lines 30 through 32	2													
34	Was the vehicle available for personal				No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?														
35	35 Was the vehicle used primarily by a more														
	than 5% owner or r	elated person?													
36	ls another vehicle	<u> </u>													
		ction C - Questic	-	-						-					
	swer these question				ption t	o com	pleting	Secti	on B for	vehicles	s used	by em	ployees	who a	ren't
	re than 5% owners o													T	
37	Do you maintain a	· · ·				-					ing co	mmuti	ng, by	Yes	No
	your employees?.														
38	Do you maintain a			-		-				-		_			
	employees? See th			-	-										
39	Do you treat all use	-													
40	Do you provide m		-							-					
	use of the vehicles, and retain the information received?														
41		•	• .									• • • •			
Do	Note: If your answ		O, or 41 is "Y	res," ac	on't co	mpiete	Sectio	n B to	r the cove	erea ver	nicies.				
Pa	rt VI Amortizati	ion	1												
	(a)		(b)		ian		(c)		(d)		(e) Amortization			(f)	
	Description o	Date amortization begins				able amount		Code se	ction period		d or Amortiza			his year	
42	Amortization of cos		3 tay :	ear (co	a instr	etructions).			perc		ntage				
42	AITIOTIZATION OF COS	sis mai begins dur	ing your 202.	o iax y	eai (Se	C 111511	uctions	<i>J</i> ·							
												+			
12	Amortization of cos	ets that began haf	ore your 2021	3 tav ."	ear							42			
43	Total. Add amount	_	-	-								43			
74	i otai. Aud amound	.5 iii 60iuiiiii (1). 30	o the monde	ו פווטווא	OI WITE	, C (U I	opoit .					44			

Form **4562** (2023)