# **PUBLIC DISCLOSURE COPY**

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**ARMANINO ADVISORY LLC** 

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change ACH CHILD AND FAMILY SERVICES Name change 75-0818140 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 3712 WICHITA STREET 817-335-4041 114,534,572. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FORT WORTH, TX 76119 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: WAYNE CARSON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.ACHSERVICES.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1915 M State of legal domicile: TX Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: PROTECTING CHILDREN AND Activities & Governance PRESERVING FAMILIES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 3 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 867 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 484 6 -317,759. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 16,890,662, 112,122,833. Contributions and grants (Part VIII, line 1h) 8 Revenue 98,753,222 1,039,301. Program service revenue (Part VIII, line 2g) 595,773 653,293. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 141,917 121,896. 11 116,381,574 113,937,323. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 252,998 5,115,803. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,975,913, 47,156,522. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 125 455 132 246. **b** Total fundraising expenses (Part IX, column (D), line 25) 72,857,948. 61,099,988. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 116,212,314. 113,504,559. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 169,260. 432,764. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** o 183,337,758 197,604,764. Total assets (Part X, line 16) 27,224,187 38,230,693. 21 Total liabilities (Part X, line 26) 三年 156,113,571. 159,374,071. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign WAYNE CARSON, CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature JENNIFER M. VACHA JENNIFER M. VACHA 11/06/24 P01251998 Paid ARMANINO ADVISORY LLC 94-6214841 Preparer Firm's name Firm's EIN 15950 N. DALLAS PKWY, #600 Use Only Firm's address Phone no.972-661-1843 DALLAS, TX 75248 X Yes

No

May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THROUGH STRENGTH-BASED PARTNERSHIP ACH BRINGS RESOURCES AND SKILLS TO
	CHILDREN AND FAMILIES STRUGGLING WITH LIFE'S CHALLENGES. TOGETHER WE
	DEVELOP SOLUTIONS THAT CREATE SAFETY, HOPE, LOVE AND THE CAPACITY TO
	THRIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code: ) (Expenses \$ 84,631,712. including grants of \$ 5,115,803. ) (Revenue \$ )
ча	OCOK:
	OUR COMMUNITY OUR KIDS (OCOK) IS THE DIVISION OF ACH CHILD AND FAMILY
	SERVICES OPERATING COMMUNITY BASED CARE UNDER CONTRACT WITH THE STATE
	OF TEXAS SINCE 2014. OCOK MANAGES THE NETWORK OF PROVIDERS IN REGION
	3W. BY FOCUSING ON CAPACITY BUILDING, ACCOUNTABILITY FOR OUTCOMES, AND
	PROGRAM INNOVATIONS, SIGNIFICANT SYSTEM IMPROVEMENTS HAVE BEEN MADE IN
	REGION 3W. IN 2023, OCOK SERVED 2,386 CHILDREN WHILE MANAGING A NETWORK
	OF 113 SERVICE PROVIDERS. 304 CHILDREN WERE ADOPTED ACROSS THE
	NETWORK.
	NEIWORK,
	72 400
4b	(Code:) (Expenses \$ 2,524,992. including grants of \$) (Revenue \$) (Revenue \$)
	FOSTER CARE AND ADOPTION:
	FOSTER CARE PROVIDES A STABLE AND SAFE ENVIRONMENT FOR CHILDREN AND
	YOUTH, AGES 0 TO 17, WHO HAVE BEEN ABUSED, NEGLECTED OR HAVE
	EXPERIENCED FAMILY CRISIS, TO BEGIN TO HEAL AND THRIVE. ADOPTION
	SERVICES SEEKS TO FIND FOREVER HOMES WITH LOVING FAMILIES FOR THOSE
	CHILDREN WHO ARE ELIGIBLE. IN 2023, WE SERVED 190 CHILDREN AND YOUTH
	IN FOSTER CARE. 47 CHILDREN WERE ADOPTED. ACH SUPERVISED 103 ACTIVE,
	LICENSED FOSTER HOMES.
	0.040.400
4c	(Code:) (Expenses \$
	RESIDENTIAL TREATMENT CENTER:
	THE ONLY ONE OF ITS KIND IN TEXAS, THE RESIDENTIAL TREATMENT CENTER
	PROVIDES A SECURE FACILITY STAFFED BY TREATMENT TEAMS WHO WILL PUT OUR
	HIGHEST-NEEDS TEENAGERS ON AN ACCELERATED PATH TO SUCCESS. IN 2023 WE
	SERVED 23 YOUTH IN THIS INTENSIVE THERAPEUTIC PROGRAM.
4d	
	(Expenses \$ 7,353,383. including grants of \$ ) (Revenue \$ 965,821.)
4e	Total program service expenses 96,550,489.
	Form <b>990</b> (2023)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i i		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		<del></del>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8_		
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	·''		
13		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	х	
20-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<del>                                     </del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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	· positional		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	_NO_				
	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					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		Х				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>				
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		X				
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		X				
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%			х				
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26						
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21						
20	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
u	"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				
	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		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34	X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254	х					
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(a)(2) organizations. Did the exception make any transfers to an exempt non charitable related organization?	35b	Δ					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		х				
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30						
31	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?	<u> </u>						
-	Note: All Form 990 filers are required to complete Schedule O	38	х					
Par		,						
	Check if Schedule O contains a response or note to any line in this Part V							
		_	Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	Х					
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Part V	Statements Regarding Other IRS Filings and Tax Compliance	(aantinuad)	
	Ctatements riegaraning other into runings and rax compliance	(continuea)	

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 867									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		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).	_	v							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x						
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7с		A						
d e		7e		х						
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		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.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b									
14a		14a		х						
	If IIV and I have it filed a Form 700 to see at the consequent of the second of the se	14b								
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-fu								
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5								
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								
	If "Yes," complete Form 6069.									

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

<u> </u>						X					
Sec	tion A. Governing Body and Management					_					
		ı	I		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		х					
3	Did the organization delegate control over management duties customarily performed by or under the										
·	of afficient distributions and the control of the c										
4	Did the organization make any significant changes to its governing documents since the prior Form 9		o filod?	4		X					
4						X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5							
6	Did the organization have members or stockholders?			6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re										
	(The social Disquisition in an analysis of the regarder of the internal re-				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 such ch										
_			.,	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	DCIO	ic illing the form:	IIa							
				100	Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		1	v						
	on Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official			15a	Х						
b	Other officers or key employees of the organization			15b	Х						
	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 arrangements	nent w	vith a								
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filedNONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (section 501(c)(3	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Si	chedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial						
-	statements available to the public during the tax year.		··- <i> </i> ··- <i> </i> -								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records								
	WAYNE CARSON, CEO - 817-335-4673	c uii	5001 GO								
	3712 WICHITA STREET, FORT WORTH, TX 76119										
	,										

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

- 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.

(A)  Name and title	(B) Average hours per	(do	not c	Pos heck	ition	than o	one n an	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) WAYNE CARSON	40.00	-		ι,,				510.074		25 120
(2) SARAH PROCTOR	4.00			Х				519,974.	0.	25,128.
(2) SARAH PROCTOR CFO	40.00	-		х				272 660	0.	26 052
(3) KRIS NAYLOR	40.00			^				272,660.	0.	26,053.
COO - OCOK	40.00	-			х			260,809.	0.	25,670.
(4) MELISSA OPHEIM	40.00							200,003.	<u> </u>	23,070.
COO - ACH PROGRAMS	13.33	1			х			241,130.	0.	30,015.
(5) DIXIE MULLINS	40.00									, , , , , , , , , , , , , , , , , , ,
CHIEF DEVELOPMENT OFFICER						x		231,179.	0.	30,026.
(6) GREG SHRADER	40.00							,		,
CHIEF INFORMATION OFFICER						x		193,017.	0.	20,899.
(7) TNAI MASON	40.00									
CHIEF HR OFFICER						x		184,032.	0.	16,682.
(8) JEFFREY SEAN ALLEN	40.00									
SR. DATA SCIENTIST						х		128,243.	0.	25,788.
(9) JAMES TEEL	40.00									
DIRECTOR AND LEGAL CONSULTANT						Х		138,719.	0.	582.
(10) KYLE WHITAKER	3.00									
CHAIR	3.00	Х		Х				0.	0.	0.
(11) ANNA ALVARADO	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(12) BARRY KROMANN	1.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(13) TOBY ARDOYNO	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SARAH BENNETT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) HENRY BORBOLLA	1.00	1								
DIRECTOR	1	Х			_	_	-	0.	0.	0.
(16) LINDA CHRISTIE	1.00							_	_	_
DIRECTOR	1.00	Х	_			-	_	0.	0.	0.
(17) KATIE CICCARINO	1.00	-								_
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0. Form <b>990</b> (2022)

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1 01111 330 (2020)	AND FAMILY SE	RVI	CES						75-081814	0 Page <b>8</b>
Part VII   Section A. Officers, Directors, T	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(0				(D)	(E)	(F)			
Name and title	Average	(do	not c	Posi			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week (list any		Cei aii	u a u	Tecto	ii i us	(66)	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	tution	er	Key employee	est co loyee	ıer	ŕ		organizations
	line)	Indi	Instii	Officer	Key 6	Highest compensated employee	Former			
(18) DELYNN CROFFORD	1.00									
DIRECTOR		Х						0.	0.	0.
(19) TOM HARRIS	1.00									
DIRECTOR		Х						0.	0.	0.
(20) TIM HARVARD	1.00									
DIRECTOR		Х						0.	0.	0.
(21) FARAH LAWLER	1.00									
DIRECTOR		Х						0.	0.	0.
(22) CHRIS MESA	1.00									
DIRECTOR		Х						0.	0.	0.
(23) KAREN MORGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(24) LYNN NEWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(25) MIKE PARKS	1.00									
DIRECTOR		Х						0.	0.	0.
(26) SAVANNAH PETRONIS	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								2,169,763.	0.	200,843.
c Total from continuation sheets to Par	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,169,763.	0.	200,843.
O Tatal access of in dividuals (in alcoding la										

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **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
COVENANT KIDS		
320 WESTWAY PL # 530, ARLINGTON, TX 76018	FOSTER CARE SERVICES	5,603,572.
TURNING POINT CHILDREN'S SOCIAL SERVICES		
2224 SPRING CREEK DRIVE, SPRING, TX 77373	FOSTER CARE SERVICES	1,854,636.
HIDDEN COVE RTC		
7565 HIDDEN COVER LANE, FRISCO, TX 75034	FOSTER CARE SERVICES	1,688,758.
UPBRING THE NEW LUTHERAN SOCIAL SERVICES		
8305 CROSS PARK DRIVE, AUSTIN, TX 78754	FOSTER CARE SERVICES	1,626,152.
THERAPEUTIC FAMILY, 1112 E. COPELAND ROAD		
SUITE 420, ARLINGTON, TX 76011	FOSTER CARE SERVICES	1,579,499.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	106	
·		202

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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Form 990 ACH CHILD AND	FAMILY SE		СПО						75-08181	140
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (	Compensated Employe	es (continued)	
(A) (B)  Name and title Average hours					C) ition that		ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ALAN SHIPMAN	1.00									
DIRECTOR	1.00	Х						0.	0.	C
(28) SARA VARGAS	1.00	.,							0	,
DIRECTOR		Х						0.	0.	(

Form 990 (2023) ACH CHILD A
Part VIII Statement of Revenue

		Check if Schedule O	ontains :	a resnonse i	or note to any lin	a in this Part VIII			
		Officer if Gericadic C	JOI ILAII 13 (	a response	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a	123,973.				
ir a									
s, ( Am	(	Fundraising events		1c	404,402.				
ij k	(	Related organizations		1d	11,525,395.				
s, o	•	Government grants (contr	ibutions)	1e	91,758,767.				
Sign	f	All other contributions, gifts,	grants, an	d					
he		similar amounts not included			8,310,296.				
를		Noncash contributions included in		1g \$	249,622.				
Sol	•	Total. Add lines 1a-1f		-31+	•	112,122,833.			
<u> </u>					Business Code	, , , -			
_	2 8	PROGRAM FEES			624100	1,039,301.	1,039,301.		
<u>i</u>		-			024100	1,033,301.	1,035,301.		
erv ne	k								
n S	(								
rar 3e	(	<u> </u>							
Program Service Revenue	•								
۵		All other program service							
	9	Total. Add lines 2a-2f				1,039,301.			
	3	Investment income (include	ding divid	ends, intere	st, and				
		other similar amounts)			624,889.			624,889.	
	4	Income from investment of							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	115,675.					
	ŀ	Less: rental expenses	6b	497,187.					
		Rental income or (loss)		-381,512.					
		Net rental income or (loss		,	l.	-381,512.		-381,512.	
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other	, -		, -	
	, ,	assets other than inventory	_ ``		41,662.				
		•	7a		11,001.				
a l	,	Less: cost or other basis			13,258.				
ŭ		and sales expenses			28,404.				
Revenue		Gain or (loss)				29 404			29 404
		d Net gain or (loss)				28,404.			28,404.
ther	8 8	Gross income from fundraisi							
ŏ			404,402						
		contributions reported on		I					
		Part IV, line 18			79,875.				
	k	Less: direct expenses		8b	86,804.				
	(	Net income or (loss) from	fundraisiı	ng events		-6,929.			-6,929.
	9 a	Gross income from gamin							
		Part IV, line 19		9a	17,350.				
	k			I	0.				
	(	Net income or (loss) from	gaming a	ctivities		17,350.			17,350.
		Gross sales of inventory,							
		and allowances							
	ŀ	Less: cost of goods sold		1					
		Net income or (loss) from							
		Tree income or (1000) from	04100 01 1	inventory	Business Code				
Sn	11 4	REFUNDS/INSURANCE P	AYM		624100	450,061.		20,827.	429,234.
Miscellaneous Revenue		BELLTOWER CHAPEL AN			532000	42,926.		42,926.	,
lla Ven	-				20200	12,520.		12,520.	
Sce		All other revenue							
Ξ̈́		All other revenue				102 007			
		Total. Add lines 11a-11d				492,987.	1 020 201	217 750	1 000 040
	12	Total revenue. See instruction	)NS			113,937,323.	1,039,301.	-317,759.	1,092,948.

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D -	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,115,803.	5,115,803.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,401,439.	290,824.	1,110,615.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25 -25 244			
7	Other salaries and wages	36,586,911.	28,130,313.	7,510,874.	945,724
8	Pension plan accruals and contributions (include	760 404	E04 EE4	140 000	00.044
_	section 401(k) and 403(b) employer contributions)	760,424.	591,554.	148,829.	20,041
9	Other employee benefits	6,228,412.	4,696,463.	1,374,844.	157,105
10	Payroll taxes	2,179,336.	1,633,352.	491,576.	54,408
11	Fees for services (nonemployees):				
а	Management	330,689.	9,574.	309,959.	11,156
b	Legal	154,600.	9,574.	154,600.	11,130
C	Accounting	134,000.		154,000.	
d	Lobbying	132,246.			132,246
e	Professional fundraising services. See Part IV, line 17	132,240.			132,240
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	46,312,356.	44,647,779.	1,664,577.	
40	column (A), amount, list line 11g expenses on Sch 0.)	82,731.	46.	5,386.	77,299
12 13	Advertising and promotion	02,731.	10.	3,300.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13 14	Office expenses				
1 <del>4</del> 15					
16	Royalties	4,476,054.	4,164,537.	257,457.	54,060
10 17	Occupancy	3,447,391.	3,131,197.	298,943.	17,251
17 18	Payments of travel or entertainment expenses	-,,	-,,,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,764.		19,764.	
19 20	Interest	781,032.		781,032.	
21	Payments to affiliates	,		, ,	
22	Depreciation, depletion, and amortization	736,244.	484,476.	251,528.	240
23	Insurance	819,556.	533,838.	259,585.	26,133
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	FOOD, CLOTHING, AND SUP	1,091,312.	946,876.	131,719.	12,717
b	FOSTER CARE EXPENSE	1,012,110.	1,012,110.	, -	,
c	OUTREACH AND AWARENESS	447,163.	30,703.	285,022.	131,438
d	ALL OTHER EXPENSES	342,695.	90,575.	252,120.	,
e	All other expenses	1,046,291.	1,040,469.	4,822.	1,000
25	Total functional expenses. Add lines 1 through 24e	113,504,559.	96,550,489.	15,313,252.	1,640,818
<u></u> 26	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)				

# Form 990 (2023) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,434,120.	1	1,930,66
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			17,504,642.	3	17,517,56
	4	Accounts receivable, net				4	33,82
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			15,613,540.	7	15,613,54
Assets	8	Inventories for sale or use				8	
₹	9	Down and all assessment and all affectives at all assessments			551,396.	9	531,86
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	11,708,564.			
	b	Less: accumulated depreciation	. 10b	6,470,811.	5,830,313.	10c	5,237,75
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			141,403,747.	15	156,739,54
-	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	33)	183,337,758.	16	197,604,76
	17	Accounts payable and accrued expenses			7,682,291.	17	8,575,53
	18	Grants payable				18	
	19	Deferred revenue			906,229.	19	6,406,35
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
တ္က ြ	22	Loans and other payables to any current or for	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
<b>-</b>   :	23	Secured mortgages and notes payable to unre	elated thin	rd parties	14,284,504.	23	11,136,80
:	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			4,351,163.		12,112,00
	26				27,224,187.	26	38,230,69
ا ي		Organizations that follow FASB ASC 958, cl	neck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			142 400 542		144 051 20
<u>ۃ</u>   عَا	27	Net assets without donor restrictions			143,489,543.	27	144,071,32
<u> </u>	28	Net assets with donor restrictions			12,624,028.	28	15,302,74
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
) IS	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
ا ب	31	Retained earnings, endowment, accumulated			156 112 551	31	150 274 07
	32	Total net assets or fund balances			156,113,571.	32	159,374,071
;	33	Total liabilities and net assets/fund balances			183,337,758.	33	197,604,764 Form <b>990</b> (202

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	113	937,	323.
2	Total expenses (must equal Part IX, column (A), line 25)	2	113	504,	559.
3	3 Revenue less expenses. Subtract line 2 from line 1			432,	764.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				
5	Net unrealized gains (losses) on investments	5	1	174,	063.
6	Donated services and use of facilities	6		274,	055.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,	379,	618.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	159	374,	071.
Pa	t XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990	(2023)

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

Open

2023

Open to Public Inspection

**Employer identification number** 

ACH CHILD AND FAMILY SERVICES 75-0818140 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1 (	Gifts, grants, contributions, and							
	membership fees received. (Do not							
i	nclude any "unusual grants.")	14,294,684.	12,771,072.	17,467,054.	16,890,662.	112,122,833.	173,546,305.	
2	Tax revenues levied for the organ-							
į	zation's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
1	furnished by a governmental unit to							
	the organization without charge							
4	Fotal. Add lines 1 through 3	14,294,684.	12,771,072.	17,467,054.	16,890,662.	112,122,833.	173,546,305.	
	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)						648,458.	
	Public support. Subtract line 5 from line 4.						172,897,847.	
	tion B. Total Support						172,037,027.	
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	14,294,684.	12,771,072.	17,467,054.	16,890,662.	112,122,833.	173,546,305.	
	Gross income from interest,	, , ,	, , ,	, , ,	, , ,	, , ,		
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	143,551.	156,356.	97,825.	635,686.	624,889.	1,658,307.	
	***	113,331.	130,330.	37,023.	033,000.	021,005.	1,030,307.	
	Net income from unrelated business							
	activities, whether or not the							
	ousiness is regularly carried on							
	Other income. Do not include gain							
	or loss from the sale of capital	86,007.	154,623.	299,021.	408,850.	429,234.	1,377,735.	
	assets (Explain in Part VI.)	00,007.	134,023.	233,021.	400,030.	425,254.	176,582,347.	
	Total support. Add lines 7 through 10					40	341,392,716.	
	Gross receipts from related activities,	•	,			01(-)(0)	341,332,710.	
	First 5 years. If the Form 990 is for th	· ·		•				
	organization, check this box and stop tion C. Computation of Publi							
	Public support percentage for 2023 (li			olumn (fl)		14	97.91 %	
						15		
	Public support percentage from 2022 33 1/3% support test - 2023. If the control of the control							
		-						
	stop here. The organization qualifies		•			or more obselvth	······	
	33 1/3% support test - 2022. If the condition have							
	and <b>stop here.</b> The organization quali							
	10% -facts-and-circumstances test	-						
	and if the organization meets the facts		*	•	•	VI now the organiz	ation	
	neets the facts-and-circumstances te	-	•	*	-			
	10% -facts-and-circumstances test	-					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-circu  Private foundation. If the organization	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation		

332022 12-21-23

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization'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						
7a	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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### 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 by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? |f "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3a		
	3b		
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	4b		
	4c		
	5a		
	5b		
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	9a		
	9b		
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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<b>!-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	, , , , , , , , , , , , , , , , , , , ,			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must		·			
Sect	on 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				
Sect	on 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				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see		
	instructions).			,		

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)						
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3						
4	Amounts paid to acquire exempt-use assets		4						
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive							
	(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						
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
_3_	Excess distributions carryover, if any, to 2023								
<u>a</u>	From 2018								
<u>b</u>	From 2019								
c	From 2020								
d	From 2021								
<u>e</u>	From 2022								
<u>f</u>	Total of lines 3a through 3e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>_i</u>	Carryover from 2018 not applied (see instructions)								
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
<u>b</u>	Applied to 2023 distributable amount								
<u>c</u>	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.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
_8_	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
<u>a</u>	Excess from 2022  Excess from 2023								

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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Schedule B (Form 990) (2023)

Employer identification number

	75-0818140					
Organization type (chec	ck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.				
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota any one contributor. Complete Parts I and II. See instructions for determining a contribut					
Special Rules						
sections 509(a) contributor, du	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.						
year, contributi is checked, ent purpose. Don't	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV,	aution: 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 aswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify at it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023) Page **2** 

Name of organization

Employer identification number

ACH CHILD AND FAMILY SERVICES

75-0818140

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(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
140.	Name, audiess, and ZiF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

ACH CHILD AND FAMILY SERVICES

75-0818140

art II Noi	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om ort I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) lo. om irt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		<b>S</b>	1

Page 3

Schedule B (Form 990) (2023)

iame or or	ganization			Employer identification number		
сн сніг <b>Part III</b>	D AND FAMILY SERVICES  Exclusively religious, charitable, etc., contribution	ns to organizations described in sect	ion 501(a)(7) (9) or (10)	75-0818140		
Fait III	from any one contributor. Complete columns (a) t	hrough (e) and the following line entry	. For organizations			
	completing Part III, enter the total of exclusively religious, ch. Use duplicate copies of Part III if additional sp	aritable, etc., contributions of \$1,000 or lest pace is needed.	SS for the year. (Enter this info	. once.) Ψ		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ransferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
Part I				д д		
—						
		(e) Transfer of gift				
	Transferee's name, address, and	Relationship of tr	ransferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
		(e) Transfer of gift				
-	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
Part I	(b) i di pose oi giit		(d) De-	scription or now girt is note		
			_			
}	(e) Transfer of gift					
	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ransferor to transferee		

Page 4

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Inspection

Name of the organization

ACH CHILD AND FAMILY SERVICES

**Employer identification number** 75-0818140

Pai			milar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	fundo	(b) Funds and other accounts
	Tabel assessed as a disfuser.	(a) Donor advised	lulius	(b) Funds and other accounts
1	Total number at end of year			
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)			
4				
5	Aggregate value at end of year	writing that the assets held	l in donor advised fund	
3	are the organization's property, subject to the organization's e	~		
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreat		Preservation of a histo	orically important land area
	Protection of natural habitat	,		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a co	nservation 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				2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, ar	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspectio	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	eatiefy the requirements of	of section 170(h)(//\(B\)i	1
Ü	and section 170(h)(4)(B)(ii)?			´
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	<del>g</del>		
Par		Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, o	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that descr	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.	ŕ		
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u>
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	ıer S	imilar Asset	S (continue	ed)		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	lar ass	sets				
_	to be sold to raise funds rather than to be ma						Yes	No		
Par			te if the organization	answered "Yes" o	n For	m 990, Part IV,	line 9, or			
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi	•	•			_				
	on Form 990, Part X?					L	Yes	No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				A			
						_	Amount			
	Beginning balance					1c				
	Additions during the year					1d				
_	Distributions during the year					1e				
t O-	Ending balance						Yes			
	If "Yes," explain the arrangement in Part XIII.				-	∟	res	No		
Par										
	The second secon	(a) Current year	(b) Prior year	(c) Two years back		Three years back	(e) Four ye	ars back		
1a	Beginning of year balance	1,615,939.	1,539,399.		+`-	3,513,814	+ ' ' '	3,641.		
	Contributions	18,707,680.	3,826,471.	, ,		3,623,550	<u> </u>	1,913.		
	Net investment earnings, gains, and losses	37,500.	37,500.	152,012		184,487	<u> </u>	2,489.		
	Grants or scholarships	, -	, -	,		,				
	Other expenditures for facilities									
_	and programs	6,563,027.	3,787,431.	3,566,343		4,040,930	. 7,74	14,229.		
f	Administrative expenses									
g	End of year balance	13,798,092.	1,615,939.	1,539,399		3,280,921	3,51	3,814.		
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:	•		•			
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 6.8800	%								
С	Term endowment 93.1200	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held an	nd administered for	the		_			
	organization by:						Ye	es No		
	(i) Unrelated organizations?						3a(i)	Х		
								-		
b	If "Yes" on line 3a(ii), are the related organization						3b X			
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		Dort IV line 11e C	oo Farm 000 Dart	V line	. 10				
	Complete if the organization answered	I					<b></b>			
	Description of property	(a) Cost or o basis (investre		1 ,	•	ımulated ciation	(d) Book v	alue		
	Land	,	Dasis	716,959.	acpie	olation I	71	6,959.		
	Land		6	,562,891.	3	,244,186.		8,705.		
	Buildings Leasehold improvements		-	225,380.		171,733.		3,647.		
			1	,663,706.	1	,236,911.		26,795.		
	Equipment Other			,539,628.		,817,981.		21,647.		
	. Add lines 1a through 1e. (Column (d) must e							37,753.		
<u>. J.u.</u>		<u>quai i Oiiii 330, Fáil .</u>	A, IIIIE TOC, COIUIIIII	( <i>D))</i>			e D (Form 9			

Part VIII Investments - Other Securit	ties
---------------------------------------	------

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
tion of security or category (including name of security)	(h) Book value	(c) Method of valuation: Cost of

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
T. I. (0.1.(1)	·	

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))

#### Part VIII Investments - Program Related.

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990 Part X line 13 col. (B))		

# Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM ACH LANDOWNER III	58,416.
(2) BOA STONESTREET TRUST	11,762,116.
(3) INVESTMENT IN FOUNDATION	123,623,486.
(4) INVESTMENT IN ACH LANDOWNER	8,732,342.
(5) INVESTMENT IN ACH LANDOWNER II	3,089,238.
(6) INVESTMENT IN ACH LANDOWNER III	45,480.
(7) LEASE SECURITY DEPOSITS	176,874.
(8) RIGHT OF USE ASSETS - OPERATING LEASES	9,251,588.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	156,739,540.

#### Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT LIABILITY	2,826,081.
(3)	OPERATING LEASE LIABILITY	9,285,922.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	12,112,003.

<sup>2.</sup> 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 ... X

Part	Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return				
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	s	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
	Net unrealized gains (losses) on investments						
	Donated services and use of facilities						
	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
	Add lines 2a through 2d						
	Subtract line 2e from line 1		3				
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)	4b					
	Add lines <b>4a</b> and <b>4b</b>						
5 Dor	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5				
Par	t XII Reconciliation of Expenses per Audited Financial		es per Return				
	Complete if the organization answered "Yes" on Form 990, Part						
	Total expenses and losses per audited financial statements		1				
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1					
	Donated services and use of facilities						
	Prior year adjustments						
	Other losses						
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·					
	Add lines 2a through 2d						
	Subtract line 2e from line 1		3				
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1					
	Investment expenses not included on Form 990, Part VIII, line 7b						
	Other (Describe in Part XIII.)		40				
	Add lines 4a and 4b						
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information	ne 18.)	3				
		and 4: Part IV lines 1h and 2h: Pa	urt V line 4: Part X line 2: Part X	 (1			
	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,						
111100 2	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
PART	V, LINE 4:						
	•						
THE ?	PEMPORARY RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED A	S FOLLOWS:					
\$14,9	926 FOR LIFE PROGRAM, \$8,333 FOR YES PROGRAM, \$8,333	FOR FAMILIES					
TOGE	THER PROGRAM, \$75,000 FOR RTC GENERATORS, \$1,073 FOR	OCOK LOCAL YOUTH					
COUNC	CIL, \$2,484,094 FOR ARPA GRANT, AND \$11,762,116 FOR S	TONESTREET TRUST.					
THE I	PERMANENT ENDOWMENT FUND HAS BEEN ESTABLISHED TO ASSI	ST IN FUNDING					
RESII	DENTIAL ACTIVITIES.						
PART	X, LINE 2:						
THE C	DRGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVE	NUE SERVICE AS A					
NONPI	ROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX ON I	TS INCOME, UNDER					
SECT	ION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGAN	IZATION DOES NOT					

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	AND EANTLY GEDUIGEG					75-081814	ntification number
	AND FAMILY SERVICES  Complete if the organization answe	ered "Y	es" or	n Form 990. Part IV. li	ine 17		
required to complete this par	t.					. 1 01111 000 LL	
<ul> <li>Indicate whether the organization rais a X Mail solicitations</li> <li>X Internet and email solicitations</li> <li>C Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid indicates</li> </ul>	e X Solicitate f X Solicitate g X Special  or oral agreement with any individual lart VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
BRAD CECIL & ASSOCIATES -		Yes	No				
2115 ARLINGTON DOWNS RD,	DIRECT MAIL SOLICITATIONS		X	302,599.		132,246.	170,353.
Total				302,599.		132,246.	170,353.
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contribu	utions	or has been notified	it is e	xempt from reg	gistration

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

Pa	rt I	Fundraising Events. Complete if th	e organization answered	l "Yes" on Form 990, P	art 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	(b) Event #2	(c) Other events	(d) Total events		
				LEND A HAND		(add col. (a) through		
			HOOT 'N HOLLER	LUNCHEON	1	col. <b>(c)</b> )		
ω			(event type)	(event type)	(total number)	331. ( <b>3</b> ))		
eun								
Revenue	1	Gross receipts	434,927.	47,780	. 1,570.	484,277.		
			260 602	42 510		404 400		
	2	Less: Contributions	360,683.	43,719	•	404,402.		
	2	Gross income (line 1 minus line 2)	74,244.	4,061	1,570.	79,875.		
-	3 Gross income (line 1 minus line 2)		, , , , , , , , , , , , , , , , , , , ,	1,001		75,075.		
	4	Cash prizes						
	·	S. S						
	5	Noncash prizes						
es								
ens	6 Rent/facility costs		5,500.			5,500.		
Direct Expenses								
ect	7	Food and beverages	22,107.	6,638	•	28,745.		
ᄒ								
	8	Entertainment				2,500. 50,059.		
	9	Other direct expenses				86,804.		
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				-6,929.		
Pa					r reported more than	0,525.		
		\$15,000 on Form 990-EZ, line 6a.		, , , .	· · · · · · · · · · · · · · · · · · ·			
			(a) Pingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add		
ue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue								
	1	Gross revenue			17,350.	17,350.		
es	2	Cash prizes						
ens	•	Noncock prizes						
irect Expenses	3	Noncash prizes						
ect	4	Rent/facility costs						
ᄒ	·							
	5	Other direct expenses						
			Yes %	Yes %	% X Yes%			
	6	Volunteer labor	No No	No No	☐ No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
						15.250		
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			17,350.		
9	Ent	ter the state(s) in which the organization condu	ete gaming activities: T	x				
			_			Yes X No		
<ul><li>a Is the organization licensed to conduct gaming activities in each of these states?</li><li>b If "No," explain:</li></ul>								
-								
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b   f "Yes," explain:						Yes X No		
	_							
	_							
33208	2 09	D-13-23			Sche	dule G (Form 990) 2023		

Sch	edule G (Form 990) 2023 ACH CHILD AND FAMILY SERVICES /5	-0818140	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	. Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	ı The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name TINA CASEY		
	Address 3712 WICHITA STREET - FORT WORTH, TX 76119		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name TINA CASEY		
	Name ====================================		
	Gaming manager compensation \$0.		
	Description of services provided DONOR DATABASE ADMINISTRATOR		
	Director/officer		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	X No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES		
,			
(I)	ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, TX 76011		
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	(Form 990) ACH CHILD AND FAMILY SERVICES	75-0818140	Page 4
Part IV	(Form 990) ACH CHILD AND FAMILY SERVICES  Supplemental Information (continued)		-
	· · (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  ACH CHILD AND FAMILY SERVICES					Employer identification number 75-0818140		
Part I General Information on Grants a	nd Assistance					•	
<ol> <li>Does the organization maintain records to criteria used to award the grants or assisted.</li> <li>Describe in Part IV the organization's process.</li> </ol>	tance?						
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (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
ACH LANDOWNER							
FORT WORTH, TX 76119	27-1913794	501(C)3	279,164.	0.			ORGANIZATIONAL SUPPORT
ACH LANDOWNER II 3712 WICHITA STREET							
FORT WORTH, TX 76119	81-5301176	501(C)3	4,791,574.	0.			ORGANIZATIONAL SUPPORT
ACH LANDOWNER III 3712 WICHITA STREET FORT WORTH, TX 76119	83-1910154	E01/C)2	30,568.	0.			ORGANIZATIONAL SUPPORT
FORT WORTH, 12 70119	03-1910134	301(0/3	30,300.	0.			ONGANIZATIONAL SUFFORT
<ul> <li>Enter total number of section 501(c)(3) at</li> <li>Enter total number of other organizations</li> </ul>			e line 1 table			1	3.

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

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### SCHEDULE J (Form 990)

**Compensation Information** 

For 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.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

ACH CHILD AND FAMILY SERVICES

Employer identification number 75-0818140

Pa	art I   Questions Regarding Compensation			
			Yes	No
<b>1</b> a	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			
	X Tax indemnification and gross-up payments X 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		Х
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		х
3	Indicate which, if any, of the following the organization used to establish the compensation of the 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 Written employment contract			
	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
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ī	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		х
	Any related organization?	5b		Х
-	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		х
h	Any related organization?	6b		х
~	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	х	
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			
_				

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

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

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.

	(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WAYNE CARSON	(i)	424,576.	95,200.	198.	10,251.	14,877.	545,102.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH PROCTOR	(i)	226,302.	46,160.	198.	11,202.	14,851.	298,713.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRIS NAYLOR	(i)	218,517.	42,094.	198.	10,793.	14,877.	286,479.	0.
COO - OCOK	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELISSA OPHEIM	(i)	198,907.	42,094.	129.	10,101.	19,914.	271,145.	0.
COO - ACH PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DIXIE MULLINS	(i)	189,505.	41,448.	226.	9,859.	20,167.	261,205.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GREG SHRADER	(i)	163,205.	29,614.	198.	6,066.	14,833.	213,916.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TNAI MASON	(i)	155,977.	28,010.	45.	7,482.	9,200.	200,714.	0.
CHIEF HR OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY SEAN ALLEN	(i)	127,974.	200.	69.	5,709.	20,079.	154,031.	0.
SR. DATA SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

PART I, LINE 1A:

WAYNE CARSON CEO RECEIVED A GROSS UP PAYMENT OF \$11,674 INCLUDED IN TAXABLE

COMPENSATION FOR INSURANCE PREMIUMS PAID ON HIS BEHALF.

THE ORGANIZATION PAYS THE MEMBERSHIP DUES OF WAYNE CARSON AT A SOCIAL CLUB

TO BE USED FOR BUSINESS PURPOSES INCLUDING BUT NOT LIMITED TO: MEETINGS

WITH DONORS, STAKEHOLDERS, AND BOARD MEMBERS.

PART I, LINE 3:

THE CEO'S COMPENSATION IS ESTABLISHED THROUGH A PROCESS OF BOARD REVIEW AND

APPROVAL. THE BOARD IS PROVIDED WITH COMPARATIVE SALARY INFORMATION BY A

MEMBER OF STAFF, WHICH IS TAKEN INTO ACCOUNT. THE BOARD THEN MEETS IN

EXECUTIVE SESSION TO DISCUSS THE CEO'S PERFORMANCE BEFORE DECIDING ON ANY

INCREASES IN COMPENSATION OR BONUS.

PART I, LINE 7:

CERTAIN INDIVIDUALS RECEIVED PERFORMANCE BONUS PAYMENTS NOT CONTINGENT ON

REVENUES OR NET EARNINGS.

# SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	ACH CHILD AND FAMI	LY SERVIC	CES			75-	081814	0	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on	Method of noncash contri		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х			940.	COST			
5	Clothing and household goods	Х		4	12,327.	THRIFT SHOP VAL	UE		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	92	3	84,165.	COST			
20	Drugs and medical supplies	Х	2		3,245.	COMPARABLE SALE	s		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( TOYS/GAMES )	Х	85	7	2,898.	COST			
26	Other ( TICKETS/ENTERTA )	Х	53	4	16,532.	COMPARABLE SALE	S		
27	Other ( TECHNOLOGY SUPP )	Х	10	1	6,947.	COST			
28	Other ( GIFT CARDS )	Х	66	1	4,520.	COST			
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for c	ontributions		•			
	for which the organization completed Form 828	,	,		29			0	
	3	,	3					Yes	No
30a	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I. lines	1 throug	h 28. that it			
	must hold for at least 3 years from the date of t			•	•	•			
	exempt purposes for the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard	contribut	ions?	31	х	
32a	Does the organization hire or use third parties of	-	•	•					
	contributions?		•	, ,			32a		х
h	If "Yes," describe in Part II.						JEU		
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (	a) is ched	cked.			
	describe in Part II.		,p==,p==()			<b>-</b> -,			

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

Schedule M (Form 990) 2023

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
HYGIENE/PERSONAL CARE ITEMS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 28
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7983.
(D) METHOD OF DETERMINING REVENUE: COST
SCHOOL SUPPLIES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 17
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7315.
(D) METHOD OF DETERMINING REVENUE: COST
MISCELLANEOUS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2750.
(D) METHOD OF DETERMINING REVENUE: COST
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

#### **SCHEDULE 0** (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number** 

ACH CHILD AND FAMILY SERVICES 75-0818140 PART III, LINE 4D, OTHER PROGRAM SERVICES: REAL HELP FOR REAL LIFE: REAL HELP FOR REAL LIFE OFFERS FAMILY PRESERVATION SERVICES. ALLOWING US TO ENGAGE WITH FAMILIES AT RISK FOR CHILD ABUSE OR NEGLECT. YOUTH AND FAMILY COUNSELING SERVICES ARE OFFERED FREE OF CHARGE FOR YOUTH AGES 0 TO 17 YEARS AND THEIR FAMILIES. SKILL BUILDER CLASSES ARE OFFERED FREE OF CHARGE FOR YOUTH AND PARENTS OF YOUTH 10 TO 17 YEARS INCLUDING TEENAGE MOTHERS. CASE MANAGEMENT SERVICES ARE OFFERED AS IN 2023, 1650 COUNSELING AND SKILL BUILDER SESSIONS WERE PROVIDED. EXPENSES \$ 1,944,785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. WEDGEWOOD TRANSITION LIVING PROGRAM: THE WEDGWOOD TRANSITIONAL LIVING PROGRAM OFFERS SAFE. STABLE AND NURTURING HOMES FOR YOUTH, AGES 14 TO 17, PROVIDING HOME-BASED INTERVENTION THERAPY THAT ASSISTS YOUTH IN PREPARING FOR INDEPENDENT LIVING WHILE LIVING IN A SAFE AND SUPPORTIVE ENVIRONMENT. A SECOND HOME WAS OPENED MID-YEAR TO PROVIDE ADDITIONAL CAPACITY FOR THE PROGRAM. IN 2023, WE SERVED 14 TEENS IN OUR IN THIS TRANSITIONAL LIVING PROGRAM EXPENSES \$ 1,467,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. YOUTH EMERGENCY SHELTER: THE WEDGWOOD TRANSITIONAL LIVING PROGRAM OFFERS SAFE. NURTURING HOMES FOR YOUTH, AGES 14 TO 17, PROVIDING HOME-BASED INTERVENTION THERAPY THAT ASSISTS YOUTH IN PREPARING FOR INDEPENDENT

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** ACH CHILD AND FAMILY SERVICES 75-0818140 LIVING WHILE LIVING IN A SAFE AND SUPPORTIVE ENVIRONMENT. A SECOND HOME WAS OPENED MID-YEAR TO PROVIDE ADDITIONAL CAPACITY FOR THE PROGRAM. IN 2023, WE SERVED 14 TEENS IN OUR IN THIS TRANSITIONAL LIVING PROGRAM. EXPENSES \$ 1,520,832. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 2,420,659. INCLUDING GRANTS OF \$ 0. REVENUE \$ 965,821. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO EXERCISE LIMITED POWERS OF THE BOARD BETWEEN ITS REGULAR MEETINGS AND IS COMPRISED OF THE BOARD'S OFFICERS AND THE CHAIRS OF ACH'S OTHER STANDING COMMITTEES. THE COMMITTEE IS SPECIFICALLY RESPONSIBLE FOR THE PERIODIC EVALUATION OF THE CEO'S PERFORMANCE. HOWEVER, THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO ELECT OFFICERS, FILL DIRECTOR VACANCIES, AUTHORIZE THE SALE OF SUBSTANTIALLY ALL OF ACH'S ASSETS, OR NEGATE ANY ACTIONS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY OFFICERS OF THE ORGANIZATION AND THEN EMAILED TO ALL OF THE ORGANIZATION'S BOARD MEMBERS BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, PAID CONSULTANTS, ADVISORY COMMITTEE MEMBERS, AND EMPLOYEES OF THE ORGANIZATION AND RELATED ENTITIES ARE EDUCATED ABOUT THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THE YEAR (OR AT THE BEGINNING OF THEIR RELATIONSHIP WITH THE FOUNDATION OR RELATED ENTITY). THEY SIGN A FORM ACKNOWLEDGING THEIR UNDERSTANDING AND DISCLOSING ANY ACTUAL OR POTENTIAL

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization ACH CHILD AND FAMILY SERVICES 75-0818140 CONFLICTS OF INTEREST. DIRECTORS CANNOT PARTICIPATE IN ANY VOTE TAKEN WITH RESPECT TO THEIR DISCLOSED CONFLICTS OF INTEREST. SHOULD A DIRECTOR BECOME A CLIENT DURING THEIR TERM, THEY WILL RESIGN THEIR TERM AS DIRECTOR. THE CHIEF EXECUTIVE OFFICER AND/OR CHAIRMAN OF THE BOARD REVIEW SIGNED DISCLOSURE FORMS. INVESTIGATE. AND BRING RESOLUTION TO THE ACTUAL POTENTIAL, OR PERCEIVED CONFLICT, AND WILL ADVISE THE REPORTER IN WRITING OF THE RESOLUTION. THE RESOLUTION IS DOCUMENTED IN THE BOARD'S MINUTES OR EMPLOYEE FILE. IF SOMEONE IN THE ORGANIZATION OR ITS RELATED ENTITIES IDENTIFIES A POTENTIAL CONFLICT THAT WAS NOT DISCLOSED, THE BOARD MEMBER IS CONTACTED IN ORDER TO DISCUSS. AFTER MAKING ANY INVESTIGATION, AS WARRANTED, THE CHAIRMAN AND THE CHIEF EXECUTIVE OFFICER DETERMINE WHETHER THEIR WAS A FAILURE TO DISCLOSE A CONFLICT OF INTEREST AND APPROPRIATE DISCIPLINARY ACTION TO BE TAKEN. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD IS PROVIDED WITH COMPARATIVE SALARY INFORMATION BY A MEMBER OF STAFF, WHICH IS TAKEN INTO ACCOUNT WHEN IT MEETS TO DISCUSS THE EXECUTIVE DIRECTOR'S AND CEO'S COMPENSATION. THE BOARD THEN MEETS IN EXECUTIVE SESSION TO DISCUSS THE EXECUTIVE DIRECTOR'S AND CEO'S PERFORMANCE BEFORE DECIDING ON ANY INCREASES IN COMPENSATION OR BONUSES. THEIR DECISIONS ARE RECORDED IN THE MINUTES OF THE MEETING. THE LAST PERFORMANCE AND COMPENSATION REVIEW TOOK PLACE IN 2021. THE SALARIES OF OTHER MANAGEMENT LEVEL STAFF MEMBERS ARE APPROVED AS PART OF THE ANNUAL BUDGETING PROCESS.

Schedule O (Form 990) 2023		Page
Name of the organization  ACH CHILD AND FAMILY SERVICES		Employer identification number 75-0818140
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLIC	T OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	C THROUGH ITS	
WEBSITE OR UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	1,361,176.	
MANAGEMENT AND GENERAL EXPENSES	1,307,721.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,668,897.	
PAYROLL FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	356,856.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	356,856.	
OCOK PROVIDER PAYMENTS:		
PROGRAM SERVICE EXPENSES	43,286,603.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
POTAL EXPENSES	43,286,603.	
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	46,312,356.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN INVESTMENT IN AFFILIATES	1,379,618.	
332212 11-14-23	17	Schedule O (Form 990) 2023

#### **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

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

ACH CHILD AND FAMILY	SERVICES					75-0818140		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Y	es" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	<b>(f)</b> controlling ntity	)
	_							
	-							
	- - -							
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ntions. Complete if the organization.	on answered "Yes" on Form 99	0, Part IV, line 34, I	because it had one	or more	related tax-exe	npt	
(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		(f) et controlling entity	Section 5 contr	olled
				501(c)(3))			Yes	No
ACH LANDOWNER - 27-1913794  3712 WICHITA STREET FORT WORTH, TX 76119	SUPPORT ACH CHILD AND FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I		ILD AND SERVICES	x	
ACH LANDOWNER II - 81-5301176	TIMILI BERVICES	I IIIII	301(0/3	DINE 1211, 1	17111111	BERVICES	- 1	
3712 WICHITA STREET	SUPPORT ACH CHILD AND				ACH CH	ILD AND		
FORT WORTH, TX 76119	FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I		SERVICES	x	
ACH LANDOWNER III - 83-1910154				,				
3712 WICHITA STREET	SUPPORT ACH CHILD AND				асн сн	ILD AND	l	
FORT WORTH, TX 76119	FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I	FAMILY	SERVICES	х	
ALL CHURCH HOME FOR CHILDREN FOUNDATION -				,				
38-3757541, 3712 WICHITA STREET, FORT WORTH,	SUPPORT ACH CHILD AND				асн сн	ILD AND		
TX 76119	FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I	FAMILY	SERVICES	х	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

**(g)** Section 512(b)(13) (a) (b) (d) (e) (f) (c) Name, address, and EIN Legal domicile (state or Primary activity **Exempt Code** Public charity Direct controlling controlled of related organization status (if section section entity foreign country) organization? 501(c)(3)) Yes No OUR COMMUNITY OUR KIDS - 92-3335688 3712 WICHITA STREET SUPPORT ACH CHILD AND ACH CHILD AND FORT WORTH, TX 76119 FAMILY SERVICES TEXAS 501(C)3 LINE 12A, I FAMILY SERVICES Х

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

organization treates as a parameter parameter year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u>.                                    </u>
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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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed 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	<u></u>
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	<u></u>
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
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
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	<u> </u>
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	<u> </u>
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	<u> </u>
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	<u> </u>
	Sharing of paid employees with related organization(s)	10	Х	<u> </u>
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
_	If the applied to apply of the above is "Vee " one the instructions for information on who must complete this line, including accorded relationships and transaction thresholds			

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALL CHURCH HOME FOR CHILDREN FOUNDATION	С	11,411,143.	CASH RECEIVED
(2) ACH LANDOWNER	В	279,164.	CASH TRANSFERRED
(3) ACH LANDOWNER II	К	113,000.	CASH TRANSFERRED
(4) ACH LANDOWNER III	К	130,000.	CASH TRANSFERRED
(5) ACH LANDOWNER II	С	114,252.	CASH TRANSFERRED
(6) ACH LANDOWNER II	В	4,791,574.	CASH TRANSFERRED

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

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 partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
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