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ARMANINO ADVISORY LLC

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section containing organization name (ACH CHILD AND FAMILY SERVICES), EIN (75-0818140), address (3712 WICHITA STREET, FORT WORTH, TX 76119), and principal officer (WAYNE CARSON).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expense breakdown, and net assets.

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.

Signature block form with fields for officer signature (WAYNE CARSON, CEO), preparer name (JENNIFER M. VACHA), and firm information (ARMANINO ADVISORY LLC).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No 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 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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 137,770,573. including grants of \$ 27,412,996.) (Revenue \$ 1,222,124.) OCOK - OUR COMMUNITY OUR KIDS (OCO) 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 2024, OCOK SERVED 3,272 CHILDREN WHILE MANAGING A NETWORK OF 206 SERVICE PROVIDERS. 284 CHILDREN WERE ADOPTED ACROSS THE NETWORK.

4b (Code:) (Expenses \$ 2,573,966. including grants of \$) (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 2024, WE SERVED 199 CHILDREN AND YOUTH IN FOSTER CARE. 40 CHILDREN WERE ADOPTED. ACH SUPERVISED 131 ACTIVE, LICENSED FOSTER HOMES.

4c (Code:) (Expenses \$ 2,182,232. including grants of \$) (Revenue \$) WEDGWOD TRANSITIONAL LIVING PROGRAM - THE WEDGWOD 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 2024, WE SERVED 20 TEENS IN OUR IN THIS TRANSITIONAL LIVING PROGRAM.

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,872,818. including grants of \$) (Revenue \$)

4e Total program service expenses 148,399,589.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
WAYNE CARSON, CEO - 817-335-4673
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-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE CARSON CEO	40.00 5.00			X			499,566.	0.	26,417.	
(2) SARAH PROCTOR CFO	40.00 5.00			X			249,595.	0.	26,433.	
(3) KRIS NAYLOR COO - OCOK	40.00				X		251,243.	0.	21,087.	
(4) MELISSA OPHEIM COO - ACH PROGRAMS	40.00				X		220,362.	0.	29,694.	
(5) DIXIE MULLINS CHIEF DEVELOPMENT OFFICER	40.00					X	208,933.	0.	31,114.	
(6) GREG SHRADER CHIEF INFORMATION OFFICER	40.00					X	186,499.	0.	22,435.	
(7) TNAI MASON CHIEF HR OFFICER	40.00					X	175,330.	0.	16,958.	
(8) JEFFREY SEAN ALLEN SR. DATA SCIENTIST	40.00					X	140,380.	0.	28,199.	
(9) JEFFREY WILSON CFO- OCOK	40.00					X	143,682.	0.	17,098.	
(10) ANNA ALVARADO BOARD CHAIR	3.00 5.00	X		X			0.	0.	0.	
(11) KYLE WHITAKER SECRETARY	1.00 1.00	X		X			0.	0.	0.	
(12) KELLY KELLER TREASURER	1.00 3.00	X		X			0.	0.	0.	
(13) TOBY ARDOYNO DIRECTOR	1.00	X					0.	0.	0.	
(14) SARAH BENNETT DIRECTOR	1.00	X					0.	0.	0.	
(15) HENRY BORBOLLA DIRECTOR	1.00	X					0.	0.	0.	
(16) LINDA CHRISTIE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(17) KATIE CICCARINO DIRECTOR	1.00 1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LEAH COLLETTE DIRECTOR	1.00	X						0.	0.	0.
(19) DELYNN CROFFORD DIRECTOR	1.00	X						0.	0.	0.
(20) TOM HARRIS DIRECTOR	1.00	X						0.	0.	0.
(21) TIM HARVARD DIRECTOR (THRU 08/24)	1.00	X						0.	0.	0.
(22) FARAH LAWLER DIRECTOR	1.00	X						0.	0.	0.
(23) CHRIS MESA DIRECTOR	1.00	X						0.	0.	0.
(24) KAREN MORGAN DIRECTOR	1.00	X						0.	0.	0.
(25) LYNN NEWMAN DIRECTOR	1.00	X						0.	0.	0.
(26) MIKE PARKS DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								2,075,590.	0.	219,435.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,075,590.	0.	219,435.

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 31

	Yes	No
3 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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 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		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COVENANT KIDS 320 WESTWAY PL # 530, ARLINGTON, TX 76018	FOSTER CARE SERVICES	7,956,869.
ARROW CHILD & FAMILY MINISTRIES OF TEXAS 2929 FM 2920, SPRING, TX 77388	FOSTER CARE SERVICES	1,868,238.
CAREGIVERS YOUTH AND TRANSITIONAL LIVING, 1506 W PIONEER PARKWAY, STE 216,	FOSTER CARE SERVICES	1,160,463.
ASSURING LOVE CHILD PLACEMENT AGENCY 1801 N. HAMPTON RD, DE SOTO, TX 75115	FOSTER CARE SERVICES	1,059,186.
THE PRIDE LANDS CENTER OF HOPE, 8506 HIDDEN HOLLOW CT., MISSOURI CITY, TX 77459	FOSTER CARE SERVICES	847,952.
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	51	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 49,011.				
	b	Membership dues	1b				
	c	Fundraising events	1c 506,460.				
	d	Related organizations	1d 15,715,296.				
	e	Government grants (contributions)	1e 131,992,339.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 10,856,104.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 488,596.				
	h	Total. Add lines 1a-1f		159,119,210.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code 624100	1,222,124.	1,222,124.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,222,124.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		631,110.		631,110.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	110,788.			
			(ii) Personal				
	b	Less: rental expenses ...	6b 337,888.				
	c	Rental income or (loss)	6c -227,100.				
	d	Net rental income or (loss)		-227,100.		-227,100.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	292,040.			
	b	Less: cost or other basis and sales expenses	7b 85,519.				
	c	Gain or (loss)	7c 206,521.				
d	Net gain or (loss)		206,521.		206,521.		
8 a	Gross income from fundraising events (not including \$ 506,460. of contributions reported on line 1c). See Part IV, line 18		49,125.				
b	Less: direct expenses	8b 122,236.					
c	Net income or (loss) from fundraising events		-73,111.		-73,111.		
9 a	Gross income from gaming activities. See Part IV, line 19		38,186.				
b	Less: direct expenses	9b 72,489.					
c	Net income or (loss) from gaming activities		-34,303.		-34,303.		
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REFUNDS/INSURANCE PAYM	Business Code 624100	360,448.	23,921.	336,527.	
	b	BELLTOWER CHAPEL AND G	532000	23,677.	23,677.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		384,125.			
12	Total revenue. See instructions		161,228,576.	1,222,124.	-179,502.	1,066,744.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	27,412,996.	27,412,996.		
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	1,324,396.	455,311.	869,085.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43,756,512.	34,332,625.	8,495,799.	928,088.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,112,051.	872,969.	215,310.	23,772.
9 Other employee benefits	7,548,000.	5,850,881.	1,540,056.	157,063.
10 Payroll taxes	2,606,904.	2,013,683.	539,429.	53,792.
11 Fees for services (nonemployees):				
a Management				
b Legal	126,619.	4,272.	116,455.	5,892.
c Accounting	169,048.	5,703.	155,479.	7,866.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	156,466.			156,466.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	65,564,572.	63,949,598.	1,614,974.	
12 Advertising and promotion	139,845.	9.	4,258.	135,578.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,161,962.	4,624,359.	481,938.	55,665.
17 Travel	4,485,865.	4,112,016.	360,470.	13,379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	24,071.	87.	23,984.	
20 Interest	703,961.		703,961.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	812,178.	553,152.	258,687.	339.
23 Insurance	1,007,630.	714,599.	265,254.	27,777.
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.)				
a FOOD, CLOTHING, AND SUP	1,829,354.	1,539,603.	278,439.	11,312.
b FOSTER CARE EXPENSE	933,242.	933,242.		
c OUTREACH AND AWARENESS	501,625.	62,597.	288,635.	150,393.
d FAMILY ASSISTANCE	445,782.	426,742.	19,040.	
e All other expenses	619,098.	535,145.	76,124.	7,829.
25 Total functional expenses. Add lines 1 through 24e	166,442,177.	148,399,589.	16,307,377.	1,735,211.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,930,668.	1	1,450,486.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	17,517,568.	3	15,136,215.
	4 Accounts receivable, net	33,827.	4	45,070.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	15,613,540.	7	15,519,750.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	531,868.	9	730,322.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,434,558.		
	b Less: accumulated depreciation	10b 6,786,193.		
		5,237,753.	10c	7,648,365.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	156,739,540.	15	28,322,672.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	197,604,764.	16	68,852,880.	
Liabilities	17 Accounts payable and accrued expenses	8,575,530.	17	9,354,004.
	18 Grants payable		18	
	19 Deferred revenue	6,406,354.	19	1,235,530.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,136,806.	23	9,767,099.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	12,112,003.	25	7,913,734.
	26 Total liabilities. Add lines 17 through 25	38,230,693.	26	28,270,367.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	144,071,328.	27	25,665,460.
	28 Net assets with donor restrictions	15,302,743.	28	14,917,053.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	159,374,071.	32	40,582,513.
33 Total liabilities and net assets/fund balances	197,604,764.	33	68,852,880.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	161,228,576.
2	Total expenses (must equal Part IX, column (A), line 25)	2	166,442,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,213,601.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	159,374,071.
5	Net unrealized gains (losses) on investments	5	933,573.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-114,511,530.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	40,582,513.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,771,072.	17,467,054.	16,890,662.	112,122,833.	159,119,210.	318,370,831.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12,771,072.	17,467,054.	16,890,662.	112,122,833.	159,119,210.	318,370,831.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						318,370,831.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	12,771,072.	17,467,054.	16,890,662.	112,122,833.	159,119,210.	318,370,831.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	156,356.	97,825.	635,686.	624,889.	631,110.	2,145,866.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	154,623.	299,021.	408,850.	429,234.	336,527.	1,628,255.
11 Total support. Add lines 7 through 10						322,144,952.
12 Gross receipts from related activities, etc. (see instructions)					12	282,322,972.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.83 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.91 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

ACH CHILD AND FAMILY SERVICES

Employer identification number

75-0818140

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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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	<hr/> <hr/> <hr/>	\$ 110,229,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,461,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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Part II Noncash Property (see instructions). Use duplicate copies of Part 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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

ACH CHILD AND FAMILY SERVICES

Employer identification number

75-0818140

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a 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 for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,798,092.	1,615,939.	1,539,399.	3,280,921.	3,513,814.
b Contributions	13,581,144.	18,707,680.	3,826,471.	1,672,809.	3,623,550.
c Net investment earnings, gains, and losses	37,500.	37,500.	37,500.	152,012.	184,487.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,180,419.	6,563,027.	3,787,431.	3,566,343.	4,040,930.
f Administrative expenses					
g End of year balance	16,236,317.	13,798,092.	1,615,939.	1,539,399.	3,280,921.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 5.8400 %
 - c Term endowment 94.1560 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,647,010.		2,647,010.
b Buildings		6,367,332.	3,312,321.	3,055,011.
c Leasehold improvements		497,790.	215,793.	281,997.
d Equipment		1,986,772.	1,327,361.	659,411.
e Other		2,935,654.	1,930,718.	1,004,936.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				7,648,365.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of 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)		
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. (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) BOA STONESTREET TRUST	12,695,689.
(2) INVESTMENT IN FOUNDATION	-2,166,814.
(3) INVESTMENT IN ACH LANDOWNER	2,978,708.
(4) INVESTMENT IN ACH LANDOWNER II	12,397,817.
(5) INVESTMENT IN ACH LANDOWNER III	-418,849.
(6) INVESTMENT IN ACH LANDOWNER IV	-5,205,793.
(7) LEASE SECURITY DEPOSITS	186,169.
(8) RIGHT OF USE ASSETS - OPERATING LEASES	7,855,745.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	28,322,672.

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) OPERATING LEASE LIABILITY	7,913,734.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,913,734.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information

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, 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 TEMPORARY RESTRICTED ENDOWMENT FUNDS ARE RESTRICTED AS FOLLOWS:

STONESTREET TRUST: 12,695,689

RTC GENERATORS: 75,000

AIMS TESTING: 6,850

RTC OUTDOOR EQUIPMENT: 80,000

GRANBURY FAMILY RESOURCE CENTER: 144,284

MORRIS/DOSS RENOVATION: 60,000

SECURITY CAMERAS: 650,000

LIFE PROJECT: 15,000

MENTORINE (LIFE):15,000

THE PERMANENT ENDOWMENT FUND HAS BEEN ESTABLISHED TO ASSIST IN FUNDING RESIDENTIAL ACTIVITIES.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NONPROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX ON ITS INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEAR ENDED DECEMBER 31, 2024, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION IS RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS AND REGULATIONS TO PRESERVE THAT STATUS. HOWEVER, THE CONCLUSIONS

Part XIII Supplemental Information (continued)

REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO
REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT
NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND
INTERPRETATIONS THEREOF.

Lined area for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HOOT 'N HOLLER (event type)	LEND A HAND LUNCHEON (event type)	1 (total number)		
Revenue	1	Gross receipts	465,721.	87,084.	2,780.	555,585.
	2	Less: Contributions	419,376.	87,084.		506,460.
	3	Gross income (line 1 minus line 2)	46,345.		2,780.	49,125.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	39,745.		100.	39,845.
	6	Rent/facility costs	5,500.			5,500.
	7	Food and beverages	30,446.	3,180.		33,626.
	8	Entertainment	6,710.			6,710.
	9	Other direct expenses	29,308.	7,247.		36,555.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				122,236.
11	Net income summary. Subtract line 10 from line 3, column (d)				-73,111.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			38,186.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes			72,489.	72,489.
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				72,489.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				<34,303.>	

9 Enter the state(s) in which the organization conducts gaming activities: TX

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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 No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name TINA CASEY

Gaming manager compensation \$ 0.

Description of services provided DONOR DATABASE ADMINISTRATOR

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes 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 \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE 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 I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

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 and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
1 CARE PREMIER SERVICES, LLC 340 NORTH SAM HOUSTON PARKWAY E. SU HOUSTON, TX 77060	92-0920552	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
1 HOPE FOR KIDS 11550 IH 10 WEST, SUITE 255 SAN ANTONIO, TX 78230	46-4987146	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
1 HOPE FOR KIDS 11550 IH 10 WEST, SUITE 255 SAN ANTONIO, TX 78230	46-4987146	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
A BETTER CHOICE (ABC) LLC 4145 BELTLINE RD., STE 212/#303 ADDISON, TX 75001	86-3515006	501(C)3	145,500.	0.			T3C READINESS ACTIVITIES
A WORLD FOR CHILDREN 109 S. HARRIS ST., STE 200 ROUND ROCK, TX 78664	74-2811105	501(C)3	79,400.	0.			T3C READINESS ACTIVITIES
ACH LANDOWNER II 3712 WICHITA STREET FORT WORTH, TX 76119	81-5301176	501(C)3	9,771,940.	1,237,614.	NET BOOK VALUE	PROPERTY TRANSFER	ORGANIZATIONAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 132.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ACH LANDOWNER IV 3712 WICHITA STREET FORT WORTH, TX 76119	99-1202765	501(C)3	0.	5,122,251.	NET BOOK VALUE	PROPERTY TRANSFER	ORGANIZATIONAL SUPPORT
ADVANTAGE ADOPTIONS 6833 DAN DANCIGER ROAD FORT WORTH, TX 76133	75-2609203	501(C)3	145,000.	0.			T3C READINESS ACTIVITIES
AMARILLO CHILDREN'S HOME 3400 S. BOWIE STREET AMARILLO, TX 79109	75-0800666	501(C)3	149,453.	0.			T3C READINESS ACTIVITIES - OPERATIONS
AMAZING GRACE CHILD AND FAMILY SERVICES - 402 W. WHEATLAND RD. STE #120 - DUNCANVILLE, TX 75116	27-1981629	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
AMERICA'S ANGELS, INC. 14741 PEBBLE BEND DR. HOUSTON, TX 77068	30-0554797	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
ANGELHEART, INC. 3001 JOE DIMAGGIO BLVD, SUITE 1100 ROUND ROCK, TX 78665	74-2990336	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
ARROW CHILD & FAMILY MINISTRIES OF TEXAS - 2929 FM 2920 - SPRING, TX 77388	01-0628536	501(C)3	149,375.	0.			T3C READINESS ACTIVITIES - BUILDINGS
ASHLING HOUSE CHILDREN'S SERVICES 3730 KIRBY DRIVE, SUITE 1200 HOUSTON, TX 77098	84-4762669	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
ATHLETES FOR CHANGE 2416 CLEAR FIELD DR. PLANO, TX 75025	45-3588479	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
AYANTI RESIDENTIAL TREATMENT CENTER - 2619 PINE SHADOWS DR. - SUGAR LAND, TX 77479	87-2726062	501(C)3	145,615.	0.			T3C READINESS ACTIVITIES
AZLEWAY, INC. 15892 CR 26 TYLER, TX 75707	75-1903742	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
BENEVOLENT HOUSE CHILD PLACING AGENCY - PO BOX 2518 - RED OAK, TX 75154	81-3814784	501(C)3	100,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
BENEVOLENT HOUSE CHILD PLACING AGENCY - PO BOX 2518 - RED OAK, TX 75154	81-3814784	501(C)3	50,000.	0.			T3C READINESS ACTIVITIES
BLUEBONNET HAVEN, LLC 4150 HWY 36 SOUTH BRENHAM, TX 77833	82-4460892	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
BUCKNER CHILDREN AND FAMILY SERVICES, INC. - 700 N. PEARL ST., SUITE 1200 - DALLAS, TX 75201	75-2571395	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
CASA DE ESPERANZA DE LOS NINOS, INC - 2911 CORDER STREET - HOUSTON, TX 77054	74-0105306	501(C)3	17,400.	0.			T3C READINESS ACTIVITIES - BUILDINGS
CASA ESPERANZA INC DBA HOPE HOUSE PO BOX 457 LIBERTY HILL, TX 78642	74-1551417	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
CENTAL TEXAS TABLE OF GRACE, INC. PO BOX 52 ROUND ROCK, TX 78680	46-5500774	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CHERISHED IMPRESSIONS CHILD PLACING AGENCY - 115 KELLY DRIVE - WAXAHACHIE, TX 75167	81-3316899	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
CHERISHED IMPRESSIONS CHILD PLACING AGENCY - 115 KELLY DRIVE - WAXAHACHIE, TX 75167	81-3316899	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
CHILDREN'S HOME OF LUBBOCK PO BOX 2824 LUBBOCK, TX 79408	75-1037480	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
CHRISTIAN HOME AND FAMILY SERVICES PO BOX 270 ABILENE, TX 79604	75-1105043	501(C)3	95,000.	0.			T3C READINESS ACTIVITIES
CIRCLE OF LIVING HOPE INC. 4606 FM 1960 RD W, STE 375 HOUSTON, TX 77069	06-1771471	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
CIRCLE OF LIVING HOPE INC. 4606 FM 1960 RD W, STE 375 HOUSTON, TX 77069	06-1771471	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
CITY HOUSE, INC. 830 CENTRAL PARKWAY E. #350 PLANO, TX 75074	75-2213291	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
CITY HOUSE, INC. 830 CENTRAL PARKWAY E. #350 PLANO, TX 75054	75-2213291	501(C)3	117,500.	0.			T3C READINESS ACTIVITIES
CONNECTIONS INDIVIDUAL AND FAMILY SERVICES, INC. - 1414 WEST SAN ANTONIO STREET - NEW BRAUNFELS, TX 78130	74-2179169	501(C)3	62,487.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CONNECTIONS INDIVIDUAL AND FAMILY SERVICES, INC. - 1414 WEST SAN ANTONIO STREET - NEW BRAUNFELS, TX 78130	74-2179169	501(C)3	68,116.	0.			T3C READINESS ACTIVITIES
CREDESCENCE VILLAGE, INC. 2826 MCDONOUGH WAY KATY, TX 77494	82-4544818	501(C)3	102,195.	0.			T3C READINESS ACTIVITIES
CUMBERLAND YOUTH & FAMILY SERVICES 909 GREENLEE ST. DENTON, TX 76201	75-0878543	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
DEPELCHIN CHILDREN'S CENTER FUND DEVELOPMENT - 4950 MEMORIAL DRIVE - HOUSTON, TX 77077	76-0318867	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
DREAM RESIDENTIAL TREATMENT CENTER, INC - 4506 SOUTH RIDGEWALK DRIVE - HOUSTON, TX 77053	84-3331108	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
EAST TEXAS OPEN DOOR INC. 410 W GRAND AVE MARSHALL, TX 75670	75-2176015	501(C)3	135,000.	0.			T3C READINESS ACTIVITIES
EVERYDAY LIFE INC. 6955 BROACH ROAD BRYAN, TX 77808	76-0669210	501(C)3	90,000.	0.			T3C READINESS ACTIVITIES
FOSTER TEXAS LLC 1460 E. WHITESTONE BLVD., #120 CEDAR PARK, TX 78613	84-1736306	501(C)3	104,100.	0.			T3C READINESS ACTIVITIES
FOSTER'S HOME FOR CHILDREN PO BOX 978 STEPHENVILLE, TX 76401	75-1377874	501(C)3	72,300.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FOSTER'S HOME FOR CHILDREN PO BOX 978 STEPHENVILLE, TX 76401	75-1377874	501(C)3	58,500.	0.			T3C READINESS ACTIVITIES
GARDEN OF HOPE OF CENTRAL TEXAS 10208 CEDAR KNOB CHURCH ROAD SALADO, TX 76571	81-3832708	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
GARDEN OF HOPE OF CENTRAL TEXAS 10208 CEDAR KNOB CHURCH ROAD SALADO, TX 76571	81-3832708	501(C)3	90,000.	0.			T3C READINESS ACTIVITIES
GOOD HEARTS YOUTH & FAMILY SERVICES - 333 WEST LOOP NORTH #400 - HOUSTON, TX 77024	26-0197291	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
GOOD HEARTS YOUTH & FAMILY SERVICES - 333 WEST LOOP NORTH #400 - HOUSTON, TX 77024	26-0197291	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
GREATER SAN MARCOS YOUTH COUNCIL PO BOX 1455 SAN MARCOS, TX 78666	74-2553659	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
GREATER SAN MARCOS YOUTH COUNCIL PO BOX 1455 SAN MARCOS, TX 78666	74-2553659	501(C)3	91,652.	0.			T3C READINESS ACTIVITIES
GUARDIAN ANGELS RTC 9530 W MONTGOMERY RD HOUSTON, TX 77088	20-4381098	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
GUARDIANS PROMISE LLC 10101 FONDREN RD., STE 100 HOUSTON, TX 77096	47-2966585	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HARBOR OF HOPE 901 N. MCDONALD ST., SUITE 607 MCKINNEY, TX 75069	32-0517677	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
HARBOR OF HOPE 901 N. MCDONALD ST., SUITE 607 MCKINNEY, TX 75069	32-0517677	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
HARMONY THERAPY AND TREATMENT CENTER LLC - 26619 OAK RIDGE DR. - SPRING, TX 77380	87-3898659	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
HAVE HAVEN, INC. 6200 SAVOY DR., SUITE 620 HOUSTON, TX 77036	76-0644084	501(C)3	75,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
HAVE HAVEN, INC. 6200 SAVOY DR., SUITE 620 HOUSTON, TX 77036	76-0644084	501(C)3	75,000.	0.			T3C READINESS ACTIVITIES
HEARTS WITH HOPE FOUNDATION 3407 SPRING CREEK DRIVE SPRING, TX 77373	20-8411878	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
HEARTS WITH HOPE FOUNDATION 3407 SPRING CREEK DRIVE SPRING, TX 77373	20-8411878	501(C)3	111,000.	0.			T3C READINESS ACTIVITIES
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	74-1144638	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
HOPE COTTAGE PO BOX 140459 DALLAS, TX 75214	75-0800652	501(C)3	47,345.	0.			T3C READINESS ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
HOPE FOR TOMORROW CHILD & FAMILY MINISTRIES - 10500 FM 3100 - BLANKET, TX 76432	86-1211045	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
HOPE HAVEN OF EAST TEXAS 218 N. COLLEGE AVE. TYLER, TX 75702	45-4648918	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
HOUSE OF SHILOH FAMILY SERVICES INC. - 3620 SOUTH COOPER ST., SUITE 100 - ARLINGTON, TX 76015	81-1014572	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
HOUSTON STRONG CHILDREN SERVICES 11500 NORTHWEST FREEWAY STE. 500 HOUSTON, TX 77092	82-4791560	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
HOUSTON STRONG CHILDREN SERVICES 11500 NORTHWEST FREEWAY STE. 500 HOUSTON, TX 77092	82-4791560	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
INSPIRATIONAL HOPE HOUSE 3811 LAMPLIGHTER CIRCLE MISSOURI CITY, TX 77459	87-2690150	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
JONATHAN'S PLACE P.O. BOX 140085 DALLAS, TX 75214	75-2389331	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
JOURNEY TO DREAM 579 NORTH VALLEY PARKWAY #200 LEWISVILLE, TX 75067	20-1209867	501(C)3	128,000.	0.			T3C READINESS ACTIVITIES
KIDS FIRST, INC. 4900 SE LOOP 820, SUITE 100 FORT WORTH, TX 76140	30-0471864	501(C)3	19,200.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
KIDS FIRST, INC. 4900 SE LOOP 820, SUITE 100 FORT WORTH, TX 76140	30-0471864	501(C)3	118,215.	0.			T3C READINESS ACTIVITIES
KIDS GRACE CHILD PLACEMENT AGENCY, LLC - 1801 N. HAMPTON ROAD, SUITE 270 - DESOTO, TX 75115	81-1719554	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
KINSHIP KONNECTION, LLC PO BOX 680003 HOUSTON, TX 77268	85-0681476	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
K'STAR, INC PO BOX 290962 KERVILLE, TX 78028	74-2659161	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
LIFELINE CHILDREN & FAMILY SERVICE 5301 W HIGHWAY 31 CORNICANA, TX 75110	20-5521484	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
LIFELINE CHILDREN & FAMILY SERVICE 5301 W HIGHWAY 31 CORNICANA, TX 75110	20-5521484	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-6024405	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-6024405	501(C)3	100,000.	0.			T3C READINESS ACTIVITIES
MONARCH FAMILY SERVICES 3730 KIRBY DRIVE, SUITE 904 HOUSTON, TX 77098	47-1813490	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY YOUTH SERVICES 105 W. LEWIS CONROE, TX 77301	74-2035878	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
MONTGOMERY COUNTY YOUTH SERVICES 105 W. LEWIS CONROE, TX 77301	74-2035878	501(C)3	106,876.	0.			T3C READINESS ACTIVITIES
MOVING FORWARD TREATMENT CENTER 1034 CONDOR DR. GRAND PRAIRIE, TX 75051	84-2119052	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
NATIONAL YOUTH ADVOCATE PROGRAM, INC. - 1801 WATERMARK DRIVE - COLUMBUS, OH 43215	34-1404302	501(C)3	144,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
NEW HORIZONS RANCH & CENTER, INC. 294 MEDICAL DRIVE ABILENE, TX 79601	75-1530340	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
NEW HORIZONS RANCH & CENTER, INC. 294 MEDICAL DRIVE ABILENE, TX 79601	75-1530340	501(C)3	125,000.	0.			T3C READINESS ACTIVITIES
NEW LIFE REFUGE MINISTRIES PO BOX 9157 CORPUS CHRISTI, TX 78469	99-0375413	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
NEW LIFE REFUGE MINISTRIES PO BOX 9157 CORPUS CHRISTI, TX 78469	99-0375413	501(C)3	55,875.	0.			T3C READINESS ACTIVITIES
NOBLE CHILDREN'S SERVICES, LLC P.O. BOX 2080 CENTER, TX 75935	27-1454651	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
PARKS YOUTH RANCH PO BOX 17688 SUGAR LAND, TX 77496	20-4748799	501(C)3	11,500.	0.			T3C READINESS ACTIVITIES - OPERATIONS
PATHWAYS YOUTH & FAMILY SERVICES 222 SIDNEY BAKER S STE 435 KERVILLE, TX 78028	74-2631080	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
PRESBYTERIAN CHILDREN'S HOME PO BOX 100 156 PR 443 ITASCA, TX 76055	75-0818172	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
RATCLIFF YOUTH AND FAMILY SERVICES PO BOX 380391 DUNCANVILLE, TX 75138	48-1279587	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
REACH CHILD PLACING AGENCY 113 STATE HWY 205 TERRELL, TX 75160	82-4333728	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
REACH CHILD PLACING AGENCY 113 STATE HWY 205 TERRELL, TX 75160	82-4333728	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
REFUGE HOUSE INC. 5301 ALPHA ROAD E80 DALLAS, TX 75240	41-2052825	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
RENEWED STRENGTH, INC. 110 HAMBRICK HOUSTON, TX 77060	43-2084653	501(C)3	42,050.	0.			T3C READINESS ACTIVITIES
RESPITE CARE OF SAN ANTONIO, INC. PO BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ROY MAAS YOUTH ALTERNATIVES, INC. 3103 WEST AVENUE SAN ANTONIO, TX 78213	74-1914638	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
SAFE HAVEN ADOLESCENT HOME 8100 WASHINGTON AVENUE #167 HOUSTON, TX 77007	74-3025434	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
SAINT FRANCES COMMUNITY SERVICES IN TEXAS, INC. - 110 W. OTIS AVE - SALINA, KS 67401	84-2043415	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
SETON HOME 1115 MISSION ROAD SAN ANTONIO, TX 78210	74-2247996	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
SOPHIE'S HOUSE FOR CHILDREN 508 WILLOW OAK LUFKIN, TX 75901	83-3213201	501(C)3	9,500.	0.			T3C READINESS ACTIVITIES - OPERATIONS
SPAULDING FOR CHILDREN DBA ARMS WIDE - 6925 PORTWEST DR., SUITE 110 - HOUSTON, TX 77024	74-2116380	501(C)3	12,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
SPAULDING FOR CHILDREN DBA ARMS WIDE - 6925 PORTWEST DR., SUITE 110 - HOUSTON, TX 77024	74-2116380	501(C)3	117,825.	0.			T3C READINESS ACTIVITIES
SPECIAL PARENT ADVOCACY GROUP 1 US HIGHWAY 46W, SUITE 105 ELMSWOOD PARK, NJ 07407	45-3739869	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
ST JUDE'S RANCH FOR CHILDREN 1400 RIDGE CREEK LANE BULVERDE, TX 78163	74-2469139	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
SUNNY GLEN CHILDREN'S HOME 2385 W. EXPRESSWAY 83 SAN BENITO, TX 78586	74-1260706	501(C)3	115,446.	0.			T3C READINESS ACTIVITIES - OPERATIONS
SWEETEN HOME FOR CHILDREN, INC. P.O. BOX 158 MULLIN, TX 76864	74-2618424	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
SWEETEN HOME FOR CHILDREN, INC. P.O. BOX 158 MULLIN, TX 76864	74-2618424	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
TEXAS BAPTIST HOME FOR CHILDREN 629 FARLEY STREET WAXAHACHIE, TX 75165	75-0838773	501(C)3	149,747.	0.			T3C READINESS ACTIVITIES - OPERATIONS
TEXAS FAMILY INITIATIVE LLC 618 COMMERCIAL STREET EMPORIA, KS 66801	46-3932110	501(C)3	132,965.	0.			T3C READINESS ACTIVITIES - BUILDINGS
TEXAS GIRLS AND BOYS RANCH P.O. BOX 5665 LUBBOCK, TX 79408	23-7292527	501(C)3	132,687.	0.			T3C READINESS ACTIVITIES - OPERATIONS
TEXAS GIRLS AND BOYS RANCH P.O. BOX 5665 LUBBOCK, TX 79408	23-7292527	501(C)3	17,313.	0.			T3C READINESS ACTIVITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE BAIR FOUNDATION OF TEXAS 241 HIGH STREET NEW WILMINGTON, PA 16142	25-1840965	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS
THE CHILDREN'S SHELTER OF SAN ANTONIO - 2939 W WOODLAWN - SAN ANTONIO, TX 78258	74-1109660	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
THE GLADNEY CENTER FOR ADOPTION 6300 JOHN RYAN DRIVE FORT WORTH, TX 76132	75-0917409	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
THE SAFE ALLIANCE P.O. BOX 19454 AUSTIN, TX 78760	74-2320657	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
THE SAFE ALLIANCE P.O. BOX 19454 AUSTIN, TX 78760	74-2320657	501(C)3	22,600.	0.			T3C READINESS ACTIVITIES
THE SANCTUARY FOSTER CARE SERVICES 1350 E NASA PARKWAY, SUITE 210 HOUSTON, TX 77058	82-5440662	501(C)3	149,649.	0.			T3C READINESS ACTIVITIES - OPERATIONS
THE SETTLEMENT HOME FOR CHILDREN 1600 PAYTON GIN RD. AUSTIN, TX 78758	74-1200133	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - OPERATIONS
THE SETTLEMENT HOME FOR CHILDREN 1600 PAYTON GIN RD. AUSTIN, TX 78758	74-1200133	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
THERAPEUTIC FAMILY 1112 E COPELAND RD SUITE 420 ARLINGTON, TX 76011	74-2657050	501(C)3	20,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THERAPEUTIC FAMILY 1112 E COPELAND RD SUITE 420 ARLINGTON, TX 76011	74-2657050	501(C)3	130,000.	0.			T3C READINESS ACTIVITIES
TRELS HOME FOR CHILDREN 1110 N LOOP 336 WEST, SUITE 500 CONROE, TX 77301	82-4631287	501(C)3	19,050.	0.			T3C READINESS ACTIVITIES - OPERATIONS
TRELS HOME FOR CHILDREN 1110 N LOOP 336 WEST, SUITE 500 CONROE, TX 77301	82-4631287	501(C)3	85,000.	0.			T3C READINESS ACTIVITIES
TURNING POINT CHILDREN'S SOCIAL SERVICES - 2224 SPRING CREEK DR. - SPRING, TX 77373	80-0533820	501(C)3	95,000.	0.			T3C READINESS ACTIVITIES
UNBOUND NOW 4300 W. WACO DR., SUITE 2, BLDG. B- WACO, TX 76710	84-4960264	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
UPBRING, THE NEW LUTHERAN SOCIAL SERVICES - 8305 CROSS PARK DR - AUSTIN, TX 78754	74-1109745	501(C)3	130,255.	0.			T3C READINESS ACTIVITIES - OPERATIONS
VESSELS WITH PURPOSE CHILD PLACING AGENCY - 777 E. WHEATLAND RD., SUITE 102 - DUNCANVILLE, TX 75116	82-1074347	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES
YOUTH AND FAMILY ALLIANCE (LIFEWORCS) - 3700 1ST STREET - AUSTIN, TX 78704	74-2137189	501(C)3	28,190.	0.			T3C READINESS ACTIVITIES
YOUTH IN VIEW 1116 MARISA LANE DESOTO, TX 75115	75-2887227	501(C)3	150,000.	0.			T3C READINESS ACTIVITIES - BUILDINGS

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION MAKES GRANTS TO ITS RELATED ENTITIES. COMMON BOARD MEMBERS, OFFICERS AND STAFF OF AFFILIATES ENSURE THAT THE GRANT MONIES ARE USED FOR ITS INTENDED PURPOSES.

IN COORDINATION WITH THE TEXAS DFPS, T3C GRANTS WERE MADE TO PROVIDER AGENCIES THROUGH A PROCESS COORDINATED BY AN INDEPENDENT CONSULTING ENTITY. THE INDEPENDENT ENTITY VERIFIED DOCUMENTATION OF EXPENDITURES FOR A SAMPLE NUMBER OF GRANT RECIPIENTS.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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	X
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	X
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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE CARSON CEO	(i)	412,496.	75,000.	12,070.	10,192.	16,225.	525,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH PROCTOR CFO	(i)	234,393.	14,806.	396.	10,374.	16,059.	276,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRIS NAYLOR COO - OCOK	(i)	236,027.	14,820.	396.	10,176.	10,911.	272,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MELISSA OPHEIM COO - ACH PROGRAMS	(i)	206,822.	13,282.	258.	9,238.	20,456.	250,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DIXIE MULLINS CHIEF DEVELOPMENT OFFICER	(i)	195,365.	12,909.	659.	9,045.	22,069.	240,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GREG SHRADER CHIEF INFORMATION OFFICER	(i)	174,853.	11,250.	396.	6,236.	16,199.	208,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TNAI MASON CHIEF HR OFFICER	(i)	164,926.	10,314.	90.	7,173.	9,785.	192,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JEFFREY SEAN ALLEN SR. DATA SCIENTIST	(i)	140,042.	200.	138.	6,198.	22,001.	168,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JEFFREY WILSON CFO- OCOK	(i)	143,392.	200.	90.	5,889.	11,209.	160,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		420.	COST
5	Clothing and household goods	X		220,218.	THRIFT SHOP VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	165	36,829.	PUBLICLY TRADED EXCHANGE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	3,807	29,518.	COST
20	Drugs and medical supplies	X	102	530.	COMPARABLE SALES
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>TOYS/GAMES</u>)	X	10,441	114,462.	COST
26	Other (<u>TICKETS/ENTERTA</u>)	X	572	60,904.	COMPARABLE SALES
27	Other (<u>GIFT CARDS</u>)	X	418	23,720.	COST
28	Other (<u>TECHNOLOGY SUPP</u>)	X	111	1,996.	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 2024 WE SERVED 23 YOUTH IN THIS
INTENSIVE THERAPEUTIC PROGRAM.

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 WELL. IN 2024, 1411 COUNSELING AND SKILL
BUILDER SESSIONS WERE PROVIDED.

YOUTH EMERGENCY SHELTER - THE YOUTH EMERGENCY SHELTER PROVIDES
IMMEDIATE HELP TO YOUTH DURING A CRISIS. THE ONLY YOUTH SHELTER IN
TARRANT COUNTY, IT'S A SAFE PLACE FOR RUNAWAY, HOMELESS AND TRAFFICKED
YOUTH, AGES 10 TO 17 YEARS. BEYOND PROVIDING A SAFE ENVIRONMENT, OUR
STAFF WORK TO HELP YOUTH IN THE SHELTER GET TREATMENT, IF NEEDED, AND
FIND SAFE, PERMANENT HOMES. IN 2024, WE SERVED 177 PRE-TEENS AND TEENS
IN OUR SHELTER.

EXPENSES \$ 5,872,818. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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
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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization ACH CHILD AND FAMILY SERVICES	Employer identification number 75-0818140
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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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE OR UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES	2,099,604.
MANAGEMENT AND GENERAL EXPENSES	1,422,402.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,522,006.

PAYROLL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	192,572.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	192,572.

OCOK PROVIDER PAYMENTS:

PROGRAM SERVICE EXPENSES	61,849,994.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	61,849,994.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	65,564,572.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INVESTMENT IN AFFILIATES	15,991,965.
ADJ TO NET ASSETS TO ALIGN WITH INVESTMENTS IN AFFILIATES	-130,503,495.
TOTAL TO FORM 990, PART XI, LINE 9	-114,511,530.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Name of the organization <p align="center">ACH CHILD AND FAMILY SERVICES</p>	Employer identification number <p align="center">75-0818140</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						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	ACH CHILD AND FAMILY SERVICES	X	
ACH LANDOWNER II - 81-5301176 3712 WICHITA STREET FORT WORTH, TX 76119	SUPPORT ACH CHILD AND FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I	ACH CHILD AND FAMILY SERVICES	X	
ACH LANDOWNER III - 83-1910154 3712 WICHITA STREET FORT WORTH, TX 76119	SUPPORT ACH CHILD AND FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I	ACH CHILD AND FAMILY SERVICES	X	
ALL CHURCH HOME FOR CHILDREN FOUNDATION - 38-3757541, 3712 WICHITA STREET, FORT WORTH, TX 76119	SUPPORT ACH CHILD AND FAMILY SERVICES	TEXAS	501(C)3	LINE 12A, I	ACH CHILD AND FAMILY SERVICES	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 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	C	15,461,204.	CASH RECEIVED
(2) ACH LANDOWNER	C	139,840.	CASH RECEIVED
(3) ACH LANDOWNER II	B	1,237,614.	NBV OF PROPERTY
(4) ACH LANDOWNER II	C	114,252.	CASH RECEIVED
(5) ACH LANDOWNER II	B	9,771,940.	CASH TRANSFERRED
(6) ACH LANDOWNER III	K	130,000.	CASH RECEIVED

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ACH LANDOWNER IV	Q	10,328,043.	CASH RECEIVED
(8) ACH LANDOWNER IV	B	5,122,251.	NBV OF PROPERTY
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

