Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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



Department of the Treasury Internal Revenue Service

Τ

AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	TRANSFORMATIONS BY ATLANTA ANGELS			
X	Name	e Doing business as		85-20515	75
	Initial returr		Room/suite	E Telephone number	
	Final			770658710	
	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	662,755.
	Amer	ALPHAREITA, GA 50009		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer. CHILD ITE DIMOND		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	- '	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 2020	State of legal domicile: GA
Pá	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO W	ALK AL	ONGSIDE CHIL	DREN,
Governance		YOUTH, AND FAMILIES IN THE FOSTER CARE CO			
ern		Check this box if the organization discontinued its operations or dispos			
Š	3				<u> 12</u> 12
	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			165
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		344,150.	476,096.
Jue	9	Program service revenue (Part VIII, line 2g)		3,900.	25,998.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		633.	115,889.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		348,683.	617,983.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		78,443.	198,609.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 26, 52	29.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		150,902.	215,383.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		229,345.	413,992.
	19	Revenue less expenses. Subtract line 18 from line 12		119,338.	203,991.
OC OC			Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		140,777.	357,010.
tAs	21	Total liabilities (Part X, line 26)		2,646.	14,888.
ING	22	Net assets or fund balances. Subtract line 21 from line 20		138,131.	342,122.
	art II	Signature Block			
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer			Date	
-	,	E DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	NATHAN LUMMUS	NATHAN LUMMUS	11/20		02049603
Preparer	Firm's name MARSHALL JONES			Firm's EIN 83-2	175462
Use Only	Firm's address 3097 E. SHADOWLAW	N AVE NE			
	ATLANTA, GA 30305			Phone no. (404)	231-2001
May the IF	May the IRS discuss this return with the preparer shown above? See instructions				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) TRANSFORMATIONS BY ATLANTA ANGELS	85-2051575	Page 2
Fai			X
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🛕
1	Briefly describe the organization's mission: TO WALK ALONGSIDE CHILDREN, YOUTH, AND FAMILIES IN THE	FOSTER CARE	
	COMMUNITY BY OFFERING CONSISTENT SUPPORT THROUGH INTENT		
	RELATIONSHIP BUILDING, AND MENTORSHIP.		
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	XNo
	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, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.	1 5	<u> </u>
4a	(Code:)(Expenses \$205,050. including grants of \$) (Rev THE LOVE BOX PROGRAM PROVIDES FOSTERING FAMILIES (CAREG		599.)
	IN FOSTER CARE, AND BIOLOGICAL/ADOPTED CHILDREN) WITH C		
	HOLISTIC SUPPORT. THIS WRAP-AROUND SUPPORT ENABLES CARE		
	CONTINUE TO DO THE IMPORTANT AND MEANINGFUL WORK OF BEI		
	PARENTS. AS A LOVE BOX GROUP, VOLUNTEERS WILL BE MATCHE		<u>с</u>
	FOSTER FAMILY BASED ON LOCATION, COMPATIBILITY, AND SCO		
	WHEN OUR FAMILIES ARE MATCHED WITH COMMITTED VOLUNTEERS	WHO SHOW UP	
	MONTHLY, PARENTS FEEL SUPPORTED AND CHILDREN GAIN A GRE		
	NORMALCY, RELATIONAL PERMANENCY, AND SELF CONFIDENCE. T	HE LOVE BOX	
	PROGRAM FOCUSES ON HOLISTICALLY SUPPORTING AND SUSTAINI		
	FAMILIES. VOLUNTEERS SPEND TIME BUILDING RELATIONSHIPS		ERS
	OF THE FAMILY BY PLAYING GAMES, SHARING MEALS, AND CONN	•	
4b	(Code:) (Expenses \$ including grants of \$) (Rev		399.)
	THE HEART OF THE DARE TO DREAM PROGRAM IS TO WALK ALONG THEY NAVIGATE THROUGH LIFE'S CHALLENGES. THE YOUTH IN O		
		MUNITY THAT	
	MENTORS CAN PROVIDE. MENTORS MEET PRACTICAL AND EMOTION.		ELL
	AS PROVIDE GUIDANCE THROUGH DEVELOPMENTAL MILESTONES. T		
	YOUTH TO BE ENGAGED AND TO FEEL SUPPORTED AND EQUIPPED		
	LIFE. A MENTOR COMMITS TO MEETING WITH THE YOUTH EVERY	OTHER WEEK TO	
	SET GOALS AND HELP THEM ACHIEVE THEIR DREAMS. THESE REL	ATIONSHIPS WI	LL
	HOPEFULLY LAST A LIFETIME, BUT THE PROGRAM IS A YEAR CO		
	MENTORS MATCHED WITH A HIGH SCHOOL STUDENT ARE STRONGLY		D
	STAY WITH THE YOUTH UNTIL HIGH SCHOOL GRADUATION. THE D.		
	PROGRAM FOCUSES ON ONE-ON-ONE MENTORING FOR YOUTH (AGES		
4C	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
44	Other program services (Describe on Schedule O.)		
÷υ	(Expenses \$ including grants of \$) (Revenue \$	3,143.)	
4e	Total program service expenses 341,750.		
		Form 9	90 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)	,

Form 990 (TRANSFORMATIONS	ΒY	ATLANTA	ANGELS
Part IV	Che	cklist of Required Schedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
00	Notes All Forms 000 files are used to complete Ochodule O	38	Х	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 232004 12-13-22

1c

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

Χ

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
U	on Schedule O how this was done	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	150	х	
a b		15a 15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>GA</u> 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)	availa	ماد
10	for public inspection. Indicate how you made these available. Check all that apply.	s or iry)	avanal	210
10	Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan		
19		a imani	JIAI	
20	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 THE ORGANIZATION - 7706587106			
	2555 NORTHWINDS PKWY, ALPHARETTA, GA 30009			
	2000 MONTHWITH DI INWI, ADI HANDI IA, GA JUUU	_	000	(0000)

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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than o	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		cer an	ia a a	recio	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (High empl	Former			
(1) CHRISTIE SIMONS	40.00									
EXECUTIVE DIRECTOR				Х				61,000.	0.	0.
(2) TJ SHEDD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) SHANNON BENNETT	1.00									
DIRECTOR OF HUMAN RESOURCES		Х						0.	0.	0.
(4) PATRICK SUTTON	1.00									
DIRECTOR OF DIVERSITY		Х						0.	0.	0.
(5) LAUREN STOREY	1.00									
DIRECTOR OF DEVELOPMENT		Х						0.	0.	0.
(6) FARLEY WHITE	1.00									
DIRECTOR OF SOCIAL MEDIA		Х						0.	0.	0.
(7) CARA DOMINICK	1.00									
DIRECTOR OF PROGRAMS		Х						0.	0.	0.
(8) ANITA RAJENDRA	1.00									
DIRECTOR OF MARKETING		Х						0.	0.	0.
(9) ANITA MOORE	1.00									
DIRECTOR OF EVENTS		Х						0.	0.	0.
(10) AMY DERRICK	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(11) AMANDA PRICE	1.00									
DIRECTOR OF GRANTS		Х						0.	0.	0.
(12) ALEX BROWNFIELD	1.00									_
PRESIDENT		Х		Х				0.	0.	0.
(13) ADRIANNE CANTRELL	1.00									-
TREASURER		Х		Х				0.	0.	0.
		ł								
		1								

Part VIII Section A. Officera, Directora, Trustes, Key Employees, and Highest Compensated Employees (calculated) Name and this A Name and this Average week Position		0 (2022)	TRANSFORM	IATIONS	BY	' A	TL	AN	ITA	A	NGELS	85-2051	<u>.575</u>	Page
Name and tille Average (bit way) week (bit way) Average (bit way) Average (bit way) Begoritable (bit way)	Part V	/II Sect	tion A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
Name and tile Average (b) (b) (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c												· ,		(F)
Nourse per live intervence is the intervence intervence is the interven							Pos	ition						
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(Ist any model of the second of the secon				week							· ·	·		
1 1				(list any	tor									
1 1				hours for	direc				5		organization	, , , , , , , , , , , , , , , , , , ,		
1 1				related	ee or	stee			nsate			•	orga	nization
1 1				organizations	trust	al tru		yee	ad und		-	,		
1 1				below	idual	ution	J.	mplo	est co	er			orgar	nizations
1 1				line)	In div	Instit	Offic	Key e	High	Form				
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
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c Total from continuation sheets to Part VII, Section A 0.<	1b Su	ubtotal											_	0
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 Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>if</i> "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? <i>if</i> "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from may unrelated organization or individual for services rendered to the organization? <i>if</i> "Yes," complete Schedule J for such person 5 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. (B) (C) 1 Complete this table for your five highest address NONE Description of services Compensation 2 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 1	c To	otal from	n continuation sheets to Part VI	I, Section A										0
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 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 and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual and related organization? If "Yes," complete Schedule J for such individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 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. (C) (A) NONE Description of services Compensation (B) (C) Compensation C 2 Total number of independent contractors (including but not limited to those listed above) who received more than Compensation	d To	otal (add	l lines 1b and 1c)								61,000.	0.		0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 3 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? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete Schedule J for such person 5 X 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) (B) (C) 1 Complete this table for your five highest address NONE Description of services Compensation 1 Complete distable disting address NONE Description of services Compensation 2 Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than Did above) Did above)											ceived more than \$100,	000 of reportable		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // *Yes, " complete Schedule J for such individual and related organization greater than \$150,000? // *Yes," complete Schedule J for such individual	со	ompensa	tion from the organization											
line 1a? If "Yes," complete Schedule J for such individual 3 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 4 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 5 X Section B. Independent Contractors 5 X 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. (C) None Description of services Compensation (A) NONE Description of services Compensation (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 V			0										`	Yes No
line 1a? If "Yes," complete Schedule J for such individual 3 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 4 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 5 X Section B. Independent Contractors 5 X 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. (C) None Description of services Compensation (A) NONE Description of services Compensation (B) (C) Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 V	3 Di	id the or	nanization list any former officer	director truste	ا مد		mnl	0.000	a or	hia	hest compensated emp	lovee on		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 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 5 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. (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 4 X													2	v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													3	
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 5 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) (B) (C) Name and business address NONE Description of services Compensation 1 Output NONE Description of services Image: Compensation for the calendar year ending with or within the organization. 1 Name and business address NONE Description of services Compensation 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. Image: Compensation for the calendar year ending with or within the organization of services Compensation 1 None Image: Compensation for the calendar year ending with or within the organization of services Compensation 1 None Image: Compensation for the calendar year ending with or within the organization of services Image: Compensation for the calendar year ending with or within the organization of services														
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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) (B) (C) Name and business address NONE Description of services Compensation 0 Name and business address NONE Description of services Compensation 1 Compensation of services Compensation Compensation 1 Compensation Compensation Compensation Compensation 1 Compensation Compensation Compensation Compensation 1 Compensation Compensation Compensation Compensation 2 Compensation Compensation Compensation Compensation 2														
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) (B) (C) Name and business address NONE Description of services Compensation 0<	rei	ndered t	o the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ch p	bers	on .				5	<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Imag														
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Imag	1 Co	omplete	this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of compensa	ation fror	n
(A) Name and business address NONE (B) Description of services (C) Compensation Image: Comparison of the service of the s														
Name and business address NONE Description of services Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compensation Image: Compens				y			<u> </u>						(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than				address	N	ли	:					ervices	Compens	sation
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\$100,000 of compensation from the organization 0					ot lin	nited	to	_		ted	above) who received me	ore than		

Ра	πνι								
		Check if Schedule O c	contains a resp	conse oi	r note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(0. (0	4 -		1a						30010113 0 12 0 14
ants ints	18								
Contributions, Gifts, Grants and Other Similar Amounts	b			-	4,978.				
fts,	C d	• • • • • • • • • • • • • • • • • • • •		-	4,970.				
Gilan	a			1					
Sin's	e	5							
utio	f	, , ,			171,118.				
Oth		similar amounts not included			<u>1</u> 21,593.				
hon	g		lines 1a-1f	12 1	221,395.	476,096.			
<u>n</u>	n	Total. Add lines 1a-1f	<u></u>	<u></u>	Business Code	470,090.			
	•	DDOCDAM THCOM	τ	-	624100	25,998.	25,998.		
ice	2 a	PROGRAM INCOM			024100	25,990.	25,990.		
erv	b								
n S /en	С								
graı Rev	d								
Program Service Revenue	e	<u> </u>			624100				
	•	All other program service		-		25,998.			
	g	Total. Add lines 2a-2f Investment income (includ				23,990.			
	3	```	0	,	<i>'</i>				
	4	other similar amounts) Income from investment o							
	4 5				Jueeus				
	5	Royalties	(i) Re		(ii) Personal				
	6 a	Croco ronto	6a		(ii) i ciscilai				
	b		6b						
	c		6c						
		Net rental income or (loss)							
		Gross amount from sales of	(i) Secu	rities	(ii) Other				
	1 4	assets other than inventory	7a		() 0				
	h	Less: cost or other basis	74						
e	N	and sales expenses	7b						
Revenue		Gain or (loss)	76 7c						
seve		Net gain or (loss)							
er		Gross income from fundraisir							
Oth	0 4	including \$4							
•		contributions reported on							
		Part IV, line 18	-	8a 1	157,518.				
	b				44,772.				
		Net income or (loss) from t				112,746.			112,746.
		Gross income from gamin	-			•			-
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, le							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from s							
					Business Code				
Miscellaneous Revenue	11 a	OTHER INCOME			624100	3,143.	3,143.		
ane	b								
scellanec Revenue	с								
lisc	d	All other revenue							
2		Total. Add lines 11a-11d				3,143.			
	12	Total revenue. See instructio				617,983.	29,141.	0.	112,746.

Form 990 (2022)

Page **9**

85-2051575

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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 61,000. 48,734. 12,266. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 123,045. 98,502. 16,786. 7,757. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,564. 11,651. 2,913. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,500. 32. 1,468. b Legal 1,735. 1,735. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 3,994. 3,195. 799. column (A), amount, list line 11g expenses on Sch 0.) 1,267. 1,014. 253. Advertising and promotion 12 5,492. 4,394. 1,098. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 5,830. 5,810. 20. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 943. 943. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 9,550. 7,640. 1,682. 228. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 121,593. 2,978. 9,301. 109,314. IN KIND EXPENSES а PROGRAM EXPENSES 26,890. 26,890. 0. h 11,204. 1,222. 9,982. OFFICE AND EQUIPMENT RE С 8,729. 8,729. FUNDRAISING EXPENSES d 2,513. 16,656. 13,649. 494. All other expenses е 413,992. 341,750. 45,713. 26,529. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Net

33

TRANSFORMATIONS	ΒY	ATLANTA	ANGELS
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	<u>1 990 (</u> rt X	2022) TRANSFORMATIONS BY ATLANTA ANG Balance Sheet	ELS	85-	2051575 Page 11
Iu		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	140,777.	1	357,010.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			357,010.
	17	Accounts payable and accrued expenses		17	14,888.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Lial	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	2,646.	23 24	
	24 25	Other liabilities (including federal income tax, payables to related third	2,010.	24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2,646.	26	14,888.
		Organizations that follow FASB ASC 958, check here			,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	138,131.	27	342,122.
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here			
Vet Assets or Fund Balances		and complete lines 29 through 33.			
° or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	138,131.	32	342,122.

Total net assets or fund balances

Total liabilities and net assets/fund balances

357,010. Form **990** (2022)

140,777. 33

	990 (2022) TRANSFORMATIONS BY ATLANTA ANGELS	85-205	<u>1575</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61	7,9	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	413	3,9	92.
3	Revenue less expenses. Subtract line 2 from line 1	3	203	3,9	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	138	3,1	31.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	342	2,1	22.
Pa	rt 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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
				000	

Form **990** (2022)

SCH	EDU	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name of	me of the organization Employer identification number								
	TRAN	SFORMATION	S BY ATLANTA	ANGEI	S		8	5-2051575	
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
3	A hospital or a cooperative				(b)(1)(A)(ii	i).			
4	A medical research organiz						(iii). Enter	the hospital's name,	
	city, and state:	·							
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)		-					
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norma	-					e general i	oublic described in	
	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
	university:				-		_		
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	See section 509(a)(2). (Con	mplete Part III.)							
11	An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).			
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or	
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section !	509(a)(2).	See section !	509(a)(3). (Check the box on	
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
	the supported organization			majority o	f the direc	tors or truste	es of the su	upporting	
	organization. You must o	-							
b 🗌	Type II. A supporting org	-				-		•	
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported	
	organization(s). You mus							-1 14-	
с	J Type III functionally inte						ly integrate	ea with,	
a 🗆	its supported organization Type III non-functionally		-				tod organi-	ration(a)	
d	that is not functionally int	• •					°,		
	requirement (see instructi			•		-	anallenin	7611655	
e	Check this box if the orga	-					I Type III		
•	functionally integrated, or					iype i, iype	n, rype m		
f Ente	er the number of supported of			0 0					
	vide the following information	•							
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)	
Total									

Schedule	A (Form 990) 2022
Part II	Suppor	rt Scl

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			34,134.	344,150.	633,584.	1011868.
2	Tax revenues levied for the organ-						
	ization'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			34,134.	344,150.	633,584.	1011868.
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)						82,188.
6	Public support. Subtract line 5 from line 4.						82,188. 929,680.
	ction B. Total Support			•	L		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			34,134.	344,150.	633,584.	1011868.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				633.		633.
44					0000		1012501.
11	Gross receipts from related activities,					12	29,898.
12	First 5 years. If the Form 990 is for th		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tox .			29,090.
13	-			-			X
Sec	organization, check this box and stop ction C. Computation of Publi			<u></u>			
	Public support percentage for 2022 (I			column (f))		14	%
						15	% %
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
104							
h	stop here. The organization qualifies		-			ar mara abaali thi	
ū	33 1/3% support test - 2021. If the or						
47.	and stop here. The organization qual		•••				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•		vi now the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-	= .	
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu				• •		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

Schedule A (Form 990) 2022

Sec	ction A. Public Support			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			
5	The value of services or facilities furnished by a governmental unit to the organization without charge			
6	Total. Add lines 1 through 5			
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons			

Schedule A (Form 990) 2022 TRANSFORMATIONS BY ATLANTA ANG Part III Support Schedule for Organizations Described in Section 509(a)(2) TRANSFORMATIONS BY ATLANTA ANGELS

(f) Total

(e) 2022

(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

(d) 2021

	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			I	1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
Sec	tion C. Computation of Publi	<u>c Support Per</u>	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	tion D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	ind
	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	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	
23202	232023 12-09-22 Schedule A (Form 990) 2022						

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

TRANSFORMATIONS BY ATLANTA ANGELS Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI. 11c Section B. Type I Supporting Organizations Yes No

			103	
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Sec	cion D. An Type in Supporting Organizations		
			Yes
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	---	---	--

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes

Yes No

No

No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instruct
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		

TRANSFORMATIONS BY ATLANTA ANGELS Schedule A (Form 990) 2022

85-2051575 Page 6

Year

Year

emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

2

3

4 5

Schedule A (Form 990) 2022

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3 4

5

6

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

|--|

_	Schedule A (Form 990) 2022 TRANSFORMATIONS BY ATLANTA ANGELS 85-2051575 Page 7						
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year						
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	IS	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
с	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	TRANSFOR	RMATTONS	BY ATLANTA	ANGELS	85-2051575 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1	mation. Provid , 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	de the explanatior c, 5a, 6, 9a, 9b, 9 nt IV, Section E, li	ns required by Part II c, 11a, 11b, and 11c nes 1c, 2a, 2b, 3a, a	, line 10; Part II, line 17a (; Part IV, Section B, lines nd 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, : V, Section B, line 1e; Part V,

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

575

	TRANSFORMATIONS BY ATLANTA ANGELS	85-2051
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X 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 for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of th

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).

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

Schedule B (Form 990) (2022)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(a)

No.

6

	rganization	Empl
TRANS	FORMATIONS BY ATLANTA ANGELS	8
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
1		\$42,688.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		\$100,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		\$5,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4		\$\$19,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
5		\$5,000.

(b) Name, address, and ZIP + 4 5-2051575

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person

Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

\$

10,000.

loyer identification number

(d) Type of contribution

(d)

Type of contribution

X

X

X

X

X

X

Page 2

(Complete Part II for noncash contributions.)

Person Payroll

Noncash

5,000.

\$

12

	3 (Form 990) (2022)	ſ	Pag
Name of or	rganization	Empl	oyer identification numbe
TRANSI	FORMATIONS BY ATLANTA ANGELS	8	5-2051575
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

X

(Complete Part II for noncash contributions.)

Person Payroll Noncash

\$

Schedule	B (Form 990) (2022)		Pag
Name of o	rganization	Emplo	yer identification numbe
TRANS	FORMATIONS BY ATLANTA ANGELS	85	-2051575
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$7,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 15</u>		\$8,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16 </u>		\$7,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 17</u>		\$10,306.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	RENT		
17			
		\$10,306.	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
		φ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		· ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

85-2051575

Page 4								
dentification number								
051575								
than \$1,000 for the year								
ow gift is held								
ansferee								
ow gift is held								
(e) Transfer of gift								
ansferee								
ow gift is held								
(e) Transfer of gift								
ansferee								
ow gift is held								
ansferee								
w								

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 154	5-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open								
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	n.	Employor	Inspection identification	
Name of the organization		RMATIONS BY ATLANT	יא א	NGET	.s		85-20		number
Part I Fundrais		Complete if the organization answe				ine 1			ot
	complete this part								
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be 									
compensated at le	•	· /·	iant to	agreer	nems under which tr	ie iur	ioraiser is to	be	
(i) Name and addres	(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	fundraiser to		y) to (or reta	ained by)
			Yes	No					
<u>Total</u>									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt fron	n registration	

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

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.

Ī			(a) Event #1 GOLF	(b) Event #2	(c) Other events	(d) Total events
			TOURNAMENT	GALA	1	(add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	33,430.	123,588.	5,478.	162,496
	2	Less: Contributions			4,978.	4,978
	3	Gross income (line 1 minus line 2)	33,430.	123,588.	500.	157,518
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	7,102.	36,751.	919.	44,772
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			44,772
		Net income summary. Subtract line 10 from I				112,746
a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or re	eported more than	
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ĩ				bingo/progressive bingo		col. (a) through col. (a
Hevenue	1	Gross revenue				
SS	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
JIrect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net gaming income summary. Subtract line 7				
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a No," explain:				Yes N
D						
	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax ye	ear?	Yes N
a		re any of the organization's gaming licenses re Yes," explain:				Yes N

Scł	nedule G (Form 990) 2022	TRANSFORMATI	IONS BY	ATLANTA A	NGELS	85-2	051575	Page 3
11	Does the organization conduct ga	ming activities with nonn	nembers?				Yes	No
12	Is the organization a grantor, bene	eficiary or trustee of a true	st, or a membe	er of a partnership	or other entity formed			
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming					1		
	a The organization's facility						13a	%
	b An outside facility						13b	%
14	Enter the name and address of the	e person who prepares th	ne organizatior	n's gaming/special	events books and reco	ords:		
	A deluces							
15	a Does the organization have a con	tract with a third party frc	om whom the c	organization receiv	es gaming revenue?		Yes	🗌 No
	 b If "Yes," enter the amount of gam of gaming revenue retained by the c If "Yes," enter name and address 	e third party \$	he organizatio	n \$	and the a	amount		
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$	_					
	Description of services provided							
	Director/officer	Employee	Inde	pendent contracto	r			
17	Mandatory distributions:							
	a Is the organization required under	r state law to make charit	able distributio	ons from the gamin	a proceeds to			
				-	•		Yes	No No
1	b Enter the amount of distributions							
	organization's own exempt activit	ies during the tax year	\$		0			
Pa	art IV Supplemental Infor	mation. Provide the ex	planations rec	uired by Part I, line	e 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.			

	à (Form 990)
Dart IV	Quantar

Part IV	Supplemental Information	(continued)		

232141 09-09-22

LHA

Noncash Contributions

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

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

Name of the organization

TRANSFORMATIONS BY ATLANTA ANGELS

Pa	rt I Types of Prope	rty							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1 <u>c</u>	noncash	(d) nod of deterr contributior	•	:s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goo		Х		106,087.	FMV OF	ITEMS	DONA	TED
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held sto	l l l l l l l l l l l l l l l l l l l							
11	Securities - Partnership, LL								
••		5, 01							
12	Securities - Miscellaneous								
13	Qualified conservation cont								
10									
14	Qualified conservation cont	ribution - Other							
15									
16	Real estate - Commercial		X		10,306,	FMV OF	MARKET	' REN'	т
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (PROFESSI		Х	7	5,000	FMV OF	ITEMS	DONA	TED
26	Other (ACCOUNTI	/ }	Х	1		FMV OF			
27	Other (, , ,							
28	Other (,)							
29	Number of Forms 8283 rece	eived by the organiz	ation during	the tax year for c	ontributions	•			
	for which the organization c	• •	-	•					
	Ū	·	, ,	0	·····			Yes	No
30a	During the year, did the org	anization receive by	contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 year								
	exempt purposes for the en				•		30	Da	X
b	If "Yes," describe the arrang								
31	Does the organization have	-	olicy that re	quires the review of	of any nonstandard contribu	tions?	3	1 X	
	Does the organization hire of	• · ·	-	-	•				
	· · · · · · · · · · · · · · · · · · ·	-		-			32	2a	x
b	If "Yes," describe in Part II.								
33	If the organization didn't rep	port an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.		. ,		. ,				

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

Schedule M (Form 990) 2022



SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Dout

Inspection Emp

ployer identification number	
85-2051575	

Open to Public

Schedule M	(Form 990) 2022	TRANSFOR	MATIONS 1	BY ATLANTA	A ANGELS		85-2051575	Page 2
Part II	Supplemental is reporting in Par this part for any a	I Information.	Provide the info number of cont			o, 32b, and 33, a ved, or a combir	and whether the organiza nation of both. Also com	ition plete
	this part for any a							

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



TRANSFORMATIONS BY ATLANTA ANGELS

Employer identification number 85-2051575

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONSISTENT SUPPORT THROUGH INTENTIONAL GIVING, RELATIONSHIP BUILDING,

AND MENTORSHIP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ALSO DELIVERING MONTHLY PERSONAL CARE PACKAGES (REFERRED TO AS "LOVE

BOXES") BASED ON THE FAMILY'S CURRENT NEEDS. THE PROGRAM IS DESIGNED TO

INCREASE PLACEMENT STABILITY AND BUILD AN INFRASTRUCTURE OF SUPPORT

AROUND THE HOME. VOLUNTEERS ARE MATCHED WITH A FOSTERING FAMILY BASED

ON LOCATION, COMPATIBILITY, AND SCOPE OF NEEDS. THIS PROGRAM REQUIRES A

ONE-TIME-PER-MONTH, ONE-YEAR COMMITMENT. IN 2021, THERE WERE 17 LOVE

BOX MATCHES MADE, 39 CHILDREN SUPPORTED AND 202 LOVE BOXES DELIVERED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: IN CARE, AT-RISK TO AGE OUT, OR HAVE AGED-OUT. MENTORS SERVE AS POSITIVE ROLE MODELS WHO MEET WITH THEIR YOUTH TO BUILD RELATIONSHIPS AND EMPOWER THEM TO ACCOMPLISH THEIR GOALS. OUR TAILORED DEVELOPMENTAL MILESTONE MODEL EQUIPS YOUTH TO SUCCEED AND BE PREPARED FOR ADULTHOOD. A MENTOR COMMITS TO INITIATING HANGOUTS WITH THE YOUTH TWICE MONTHLY TO BUILD A RELATIONSHIP, SET AND ACCOMPLISH GOALS, AND HELP THEM ACHIEVE THEIR DREAMS. IN 2021, 3 DARE TO DREAM MATCHES WERE MADE AND 11 MENTORS WERE ONBOARDED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER SERVICES INCLUDING ANGEL ALLY, BACK TO SCHOOL, HOLIDAY LOVE BOX,

SOCIAL WORKER APPRECIATION, AND SUNSHINE BOXES.

Schedule O (Form 990) 2022 Page Page Page Page Page Page Page Page							
Name of the organization	TRANSFORMATIONS BY ATLANTA ANGELS	Employer identification number 85-2051575					
EXPENSES \$ 0.	INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,143						

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTOR OF CORPORATE RELATIONS/GRANTS (AMANDA PRICE) IS THE SISTER IN LAW

OF OUR EXECUTIVE DIRECTOR (CHRISTIE SIMONS).

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE DIRECTOR OF FINANCE, FINANCE COMMITTEE, AND

TREASURER, THEN APPROVED BY THE BOARD, PRIOR TO FILING.

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

INDIVIDUALS COVERED UNDER THE POLICY INCLUDE ALL OFFICERS, EMPLOYEES, AND

BOARD MEMBERS, OR ANY FAMILY MEMBER THEREOF. POTENTIAL CONFLICTS ARE

REVIEWED BY THE GOVERNING BOARD OF DIRECTORS. THE PERSON(S) IN CONFLICT ARE

EXCLUDED FROM ALL BOARD DISCUSSIONS AND DECISIONS WITH REGARD TO THE

CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

1. A VOTING MEMBER OF THE BOARD WHO RECEIVES COMPENSATION, DIRECTLY OR

INDIRECTLY, FROM A REGIONAL

CHAPTER FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT

MEMBER'S COMPENSATION.

2. A VOTING MEMBER OF THE BOARD WHOSE JURISDICTION INCLUDES COMPENSATION

MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM A

REGIONAL CHAPTER FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS

PERTAINING TO THAT MEMBER'S COMPENSATION.

3. NO VOTING MEMBER OF THE BOARD WHOSE JURISDICTION INCLUDES COMPENSATION

MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM A 232212 10-28-22

	Employer identification numbe 85-2051575
TRANSFORMATIONS BY ATLANTA ANGELS	85-2051575
REGIONAL CHAPTER, EITHER INDIVIDUALLY OR COLLECTIVELY, IS	PROHIBITED FROM
PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSAT	ION.
4. A VOTING MEMBER OF THE BOARD WHO IS A "RELATIVE" WITH A	STAFF MEMBER OF
THE REGIONAL CHAPTER MUST RECUSE THEMSELVES FROM VOTING ON	MATTERS
PERTAINING TO THE STAFF MEMBER'S EMPLOYMENT, COMPENSATION,	OR BENEFITS, NOR
MAY THEY AUDIT OR REVIEW IN ANY MANNER THE INDIVIDUAL'S WO	RK.
PERIODIC REVIEWS ARE PERFORMED TO DETERMINE WHETHER COMPEN	SATION
ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETE	NT SURVEY
INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.	

THE 990 AND RELATED TAX DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 85 - 2051575

Department of the Treasury Internal Revenue Service

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

Name of the organization

TRANSFORMATIONS BY ATLANTA ANGELS

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TRANSFORMATIONS BY AUSTIN ANGELS -							
27-2087142, 9901 BRODIE LANE, SUITE 160,	SERVING THE FOSTER CARE						
AUSTIN, TX 78748	COMMUNITY	TEXAS	501(C)3	LINE 7			х
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	-						
	-						

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

Schedule R (Form 990) 2022

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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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		roportionate Code V-UBI amount in box 20 of Schedule		l or Percentage ^{ing} ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10	
	1											
	1		1			1	1	1	1			

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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 Sec 512(t contr enti	(i) Section 512(b)(13) controlled entity?	
		country)						Yes	No	

TRANSFORMATIONS BY ATLANTA ANGELS Schedule R (Form 990) 2022

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s		Х
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) TRANSFORMATIONS BY AUSTIN ANGELS	R	4,400.	CASH BASIS
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

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

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

		F										
(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)		ר)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners s	sec. Share of	Share of	Dispr	opor-	Code V-UBI	General o	Percentage	
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(3 orgs.?	³⁾ total	end-of-year	Dispr tior alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership	
		country)	sections 512-514)	Yes N		assets	Yes	No	(Form 1065)	Yes No]	
			,				1.00	110	, ,			
							-					
											<u> </u>	
											 	
										$\left - \right $	+	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 TRAN
Part VII Supplemental Information

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