**Short Form Return of Organization Exempt From Income Tax** 

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

OMB No 1545-1150 2017

epartment of the Treasury ternal Revenue Service

For the 2017 calendar year, or tax year beginning

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

Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

For t	ne 2017 calendar year, or tax year beginning	7/01	, 2017, and ending	6/30	, ,	2018
	f applicable C		·	D E	nployer ıder	ntification number
Name of	hange ADVO-KIDS CASA, INC.			3	4-204	8523
Initial r	aturn 141 W SOLOMON ST			E Te	elephone nur	mber
í	GRIFFIN, GA 30223-3017				(770)	228-4714
Amend	ed return		F	· ^ _	roup Exe	
Applica	tion pending				umber	
	unting Method X Cash Accrual Other (s	pecify) ►		H Check ► 🛚	If the or	rganization is <b>not</b>
Webs	ite: N/A			required to		
Tax-ex	empt status (check only one) $ X 501(c)(3)$ $-$ 501(c) (	) ∢(insert no)	4947(a)(1) or 527	(Form 990,	990-EZ,	or 990-PF)
	of organization X Corporation Trust	Association	Other			
Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross ri s (Part II, column (B) below) are \$500,000 or moi	eceipts If gross rece re, file Form 990 inst	ipts are \$200,000 or r ead of Form 990-EZ	nore, or if tota	l ►\$	177,270.
	Revenue, Expenses, and Changes in N			the instruct	ions for	
	Check if the organization used Schedule O to re				<b></b>	X
1	Contributions, gifts, grants, and similar amounts	received		· · · · · · · · · · · · · · · · · · ·	1	177,270.
2	Program service revenue including government f				2	<u> </u>
3	Membership dues and assessments				3	
4	Investment income				4	· · · · · · · · · · · · · · · · · · ·
5a	Gross amount from sale of assets other than investigation	entory	5 a			
b	Less cost or other basis and sales expenses	•	5 b			
c	Gain or (loss) from sale of assets other than inventory (Subtra	act line 5b from line 5a)			5 c	
1	Gaming and fundraising events	,				
а	Gross income from gaming (attach Schedule Gir	f greater than \$15,00	0)   <b>6a</b>			
b	Gross income from fundraising events (not include	ding\$	of contribut	tions		
	from fundraising events reported on line 1) (attacof such gross income and contributions exceeds		sum   6 b			
С	Less direct expenses from gaming and fundraisi	ing events	6 c			
d	Net income or (loss) from gaming and fundraisin 6b and subtract line 6c)	g events (add lines 6	a and		. 6 d	
7 a	Gross sales of inventory, less returns and allowa	nces	7 a			
b	Less cost of goods sold		7 b			
С	Gross profit or (loss) from sales of inventory (Su	btract line 7b from lir	ne 7a).		7 c	
8	Other revenue (describe in Schedule O)				8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, at	nd 8	REAL	-	9	177,270.
10	Grants and similar amounts paid (list in Schedule		1	IVED	1/0	
11	Benefits paid to or for members		18€1		.11	
12	Salaries, other compensation, and employee ber	nefits	%  JUL 3	0 2018	8/12	144,074.
13	Professional fees and other payments to indepen	ndent contractors		0 2018   5	12	750.
14	Occupancy, rent, utilities, and maintenance		OGDE		14	2,916.
15	Printing, publications, postage, and shipping			v, UT	15	
16	Other expenses (describe in Schedule O)		See Schedu	le o	16	37,752.
17	Total expenses. Add lines 10 through 16			<b>&gt;</b>	17	185,492.
18	Excess or (deficit) for the year (Subtract line 17	from line 9)			18	-8,222.
19	Net assets or fund balances at beginning of year figure reported on prior year's return)	(from line 27, colum	ın (A)) (must agree w	th end-of-year	19	
20	Other changes in net assets or fund balances (e.	xplain in Schedule O	1		20	36,784.
21	Net assets or fund balances at end of year Com	•		•	21	28,562.
٠	Paperwork Reduction Act Notice, see the separ			<u> </u>		Form <b>990-EZ</b> (2017)

orm	1 990-EZ (2017) ADVO-KIDS CASA,	INC.			3	34-	-20	48523	Page 2
Par	Balance Sheets (see the Inst Check if the organization used Sche	ructions for Part II)	action in this Part I	ı					
	Oncer if the organization used Sche	dule O to respond to any qu	estion in this rate	_	) Beginning of	vea	r l	(B) End of ye	ar
22	Cash, savings, and investments				36,78	_			562.
23	Land and buildings						23		002.
24	Other assets (describe in Schedule O)						24		
-	Total assets				36,78	34.	25	28,	562.
	Total liabilities (describe in Schedule O)				· · · · · · · · · · · · · · · · · · ·	0.	26	<del></del>	0.
	Net assets or fund balances (line 27 of c				36,78	34	27		562.
Par	Statement of Program Service Ac				ſ	X		Expenses	
lhat	Check if the organization used Scl is the organization's primary exempt purpose? See		question in this Par	t III	<u>_</u>	=		quired for section	501
)esc	ribe the organization's program service a	complishments for each of	its three largest pro	noran	n services as			3) and 501(c)(4) anizations, option	al
nea	cribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service	ces provided, the n	umb	er of persons			others)	
28	effect, and other relevant information for e	ach program title	<del> </del>			4			
20									
	(Grants \$ ) If thi	is amount includes foreign gi	rants check here			ᅱ	28 a	105	400
29	(Granto V	is amount includes foreign gi	Tarits, check here			╝	20 a	185,	492.
						- 🕂			
						- 🕇			
	(Grants \$ ) If the	is amount includes foreign gi	rants, check here			-	<b>29</b> a		
30	,					7			
		<del>-</del>				-1			
		<b></b>				- 1			
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here			$\exists$	30 a	ı	
31	Other program services (describe in Sch	edule O)	<u>-</u>		<b>L</b>	-4			
	(Grants \$ ) If th	is amount includes foreign gi	rants, check here		▶ [		31 a	1	
32	Total program service expenses (add lin	nes 28a through 31a).	•	-		•	32	185,	492.
Par	tilV 🕷 List of Officers, Directors, 🕆	Trustees, and Key Emp	loyees (list each one	even	If not compensated	— se	e the		
	Check if the organization used Sc	hedule O to respond to any o	question in this Par	t IV					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compens (Forms W-2/1099 MIS (If not paid, enter -0	ation C)	(d) Health ben contributions to er benefit plans, and compensation	mplo defe	yee	(e) Estimated amo	
275	BRINA JONES			-	compensation				
	ecutive Dir.	40	20,04	12			0.		0
	BECCA GRIFFIN	40	20,0	14.			0.		0.
	airman	0		0.			0.		0.
	RRI PALMIERI			٠.			<u> </u>		
	easurer	0		0.			0.		0.
	RYSTAL COX MCDOWELL			-			<u> </u>		
	cretary	0		0.			0.		0.
	/ID GODFREY								
Dii	rector	0		0.			0,		0.
AUI	DREY_HOLLIDAY	_							
<u>Dir</u>	rector	0		0.			0.		<u>       0  .                           </u>
									_
		<del> </del>							
								-	
_									
		<del></del>						<u> </u>	
								-	
3AA		TEEA0812L 0	<u> </u>  8/22/17					Form <b>990-EZ</b> (2	2017\
		TELMOTEL C						1 OHH 330-EA (2	LU1/)

Page 2



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orr	m 990-EZ (2017) ADVO-KIDS CASA, INC. 34-2	048523	Р	age <b>3</b>
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in See the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Pa	Schedule art V	0	
33			Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if the	33		X
•	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	-	X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sche	dule O 35 b	<b>,</b>	
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		34
	<ul> <li>b Did the organization file Form 1120-POL for this year?</li> <li>a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were</li> </ul>	37 b	)   	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If 'Yes,' complete Schedule L, Part II and enter the total	38 a		X
	amount involved 38b	N/A	1	
	Section 501(c)(7) organizations Enter		2 N	
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 b	N/A		
	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	N/A		
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ►	0.		
•	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 exception benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	SS		X
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		1 28	X
41		40 e		
	a The organization's			
42 i	books are in care of SABRINA JONES  Telephone no	(770) <u>412</u> 30223-301	رِ 7	
1	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country ►	42 b	Yes	No X
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States?  If 'Yes,' enter the name of the foreign country •	42 c		X
43 44 :	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	3 44a	Yes	N/A N/A No
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	. 1	X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
(	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		l 🗸

**b** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) TEEA0812L 08/22/17

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Form 990-EZ (2017)

45 a

00.5g.:. 45 b

orm 990-E	EZ (2017) ADVO-KIDS CASA, INC	· •		34-204	18523	P	age <b>4</b>
						Yes	No
46 Did th	ne organization engage, directly or indirect idates for public office? If 'Yes,' complete	ctly, in political campa Schodulo C. Port I	ign activities on behalf o	of or in opposition to	. Ac		13
	Section 501(c)(3) organizations				46		X
Zart Vii (88	All section 501(c)(3) organizations		uestions 47-49b and	d 52, and complete	the table	25	
	for lines 50 and 51.	nis musicunismon o	1, 135 and	a oz, ana oomprote	, the table	,,	
	Check if the organization used Schedule	e O to respond to any	question in this Part VI				
						Yes	No
<b>47</b> Did th	ne organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h	i) election in effect during t	the tax year? If 'Yes,'	47		37
-	e organization a school as described in se	oction 170(h)(1)(Δ)(ii)?	If 'Yes ' complete Sche	dula F	48		X
	he organization make any transfers to an		•	dule L	49 a		X
	es,' was the related organization a section	•	e related organization		49 b		
	plete this table for the organization's five high		ovees (other than officers.	directors, trustees and ki		L	
	oyees) who each received more than \$100,00				-,		
		(b) Average hours	(c) Reportable compensation	(d) Health benefits, contributions to employee	(e) Estimate	d amour	nt of
	(a) Name and title of each employee	per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com		
None_							
			-				
			<del>                                     </del>				
	<del></del>						
· · · · · ·				-			
f Total	number of other employees paid over \$1	00,000		<u> </u>	L		
<b>51</b> Comp	plete this table for the organization's five high	nest compensated indep	pendent contractors who ea	ach received more than \$	100,000 of		
comp	pensation from the organization. If there is	s none, enter 'None '		·			
	(a) Name and business address of each independent of	ontractor	<b>(b)</b> Type	of service	(c) Com	pensation	n
None					<del></del>		
			-				
			<u> </u>				
			_				
				<del></del>			
			-				
			1100.000		L		
	number of other independent contractors	ŭ					
	he organization complete Schedule A? <b>N</b> o Dieted Schedule A	ote: All section 501(c)	(3) organizations must a	ttach a	► X Yes	. [	No
nder penaltie	es of periury. I declare that I have examined this return.	including accompanying sch	edules and statements, and to the	e best of my knowledge and be			
ue, correct, a	and complete. Declaration of preparer (other than office	r) is based on all information	of which preparer has any know	ledge			
	Signature of officer	7-0-		7 2-5 Date	18		
ign							
lere	SABRINA JONES Type or print name and title			Executive Dire	ctor		
	Print/Type preparer's name	Preparer's signature	Date		TIN		
			- Date	Check 🗀 if		-	
'aid	Guy R Wilcox	Guy R Wilcox		self-employed   F	0121527	5	
'reparer	Firm's name • Guy Wilcox, CPA			Errorio Ethi	E1 0F00	0040	
Ise Only	Firm's address > 2270 Castle Lak			Phone no (77	51-0508		
	Tyrone, GA 3029			Phone no (77	<del></del>		
ay the IF	RS discuss this return with the preparer sl	nown above? See inst	ructions		► X Yes	ᅳᆜ	No
					Form <b>99</b>	0-EZ (	2017)

#### CHEDULE A orm 990 or 990-EZ)

epartment of the Treasury ternal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		KIDS CASA, INC.					34-204852	
	Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
he c	organization is not a private foundation because it is (For lines 1 through 12, check only one box )							
1		A church, convention of church			,		i).	$\gamma \omega$
2	-	A school described in section 1		·	-	-		<i>)</i>
3	$\vdash$	A hospital or a cooperative h	,				• • •	<b>\</b>
4	L	A medical research organiza	tion operated in conji	unction with a nospital o	describe	d in sec	tion 1/0(b)(1)(A)(iii) E	nter the hospital's
_	_	name, city, and state:			- <del></del> -	- <b>-</b> -		
5	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						
6 7	-	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described						
		ี ın <b>section 170(b)(1)(A)(vi)</b> . ์ (	Complete Part II)		•	entai uni	t or from the general put	olic described
8	Ļ	A community trust described			•			
9	L	An agricultural research organi or university or a non-land-gran university						
10	X	An organization that normally r	recoves (1) more than		om contr		membership fees and	
		from activities related to its envestment income and unreduced June 30, 1975. See section!	exempt functions—su lated business taxabl	bject to certain exceptic le income (less section	ons, and	(2) no r	nore than 33-1/3% of i	ts support from aross
11	Γ	An organization organized ar	nd operated exclusive	ely to test for public safe	ety See	section	509(a)(4).	
12		An organization organized at or more publicly supported of lines 12a through 12d that de	organizations describe	ed in <b>section 509(a)(1)</b> d	r sectio	n 509(a)	(2). See section 509(a	ut the purposes of one <b>(X3).</b> Check the box in
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec	ed, or controlled by its sup t a majority of the director	ported o	rganızatı tees of t	on(s), typically by giving he supporting organization	the supported on <b>You must</b>
b		Type II. A supporting organize management of the supporting must complete Part IV. Section	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organizati	having control or on(s) <b>You</b>
С		Type III functionally integrated organization(s) (see instruction	. A supporting organiza	tion operated in connection	n with, ar	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated The constructions) You must com	rated. A supporting org	ganization operated in cor v must satisfy a distribu	nnection	with its s	supported organization(s) t and an attentiveness	that is not requirement (see
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writt	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally
f	Εı	nter the number of supported		- 1- E - 1 2 - 2 - 3 - 1 3 (10)				
g	Pr	rovide the following informatio	n about the supporte	d organization(s)				
•	(i) N	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1 10 above (see instructions))		on listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
							<u></u>	
()			]			'		
1)			<u> </u>					
;)								
1)								
<u> </u>								
otal					1377 - 3	* ·	<u> </u>	<u></u>

Schedule A (Form 990 or 990-EZ) 2017

, ,	(Complete only if you checked organization fails to qualify it	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify uni		(VI)
Sec	tion A. Public Support						
egi	ndar year (or fiscal year nning in) ►	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						/
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					/	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract fine 5 from line 4						
Sec	tion B. Total Support						
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4				/		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10				1: 1:		
12	Gross receipts from related activ	vities, etc (see in	structions)	1		12	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3)	<u> </u>
	tion C. Computation of Pu						<del></del>
	Public support percentage for 20		- 1	ie 11, column (f))	ı	14	%
	Public support percentage from					_ 15	<u>%</u>
	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	ı qualifies as a pu	blicly supported o	rganization			▶ [
Ь	33-1/3% support test—2016. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more,	check this box ►
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	<b>re.</b> Explaın ın Par	t VI how 👝
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	<b>re.</b> Explain in Par	15 is 10% t VI how the ► □

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

IAA

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

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

ec	tion A. Public Support						
lend	lar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
_	any 'unusual grants ')	111,174.	144,746.	198,637.	224,830.	177,270.	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	111,174.	144,746.	198,637.	224,830.	177,270.	856,657.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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		0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6)		0.	<u> </u>	0.	0.	856,657.
_							
ec	tion B. Total Support						
_	tion B. Total Support  dar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
ien		(a) 2013 111, 174.	<b>(b)</b> 2014 144, 746.	(c) 2015 198, 637.	(d) 2016 224, 830.	(e) 2017 177, 270.	·
len 9 0a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						(f) Total 856, 657.
len 9 0a	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	111,174.	144,746.	198,637.	224,830.	177,270.	856,657. 0.
olen 9 0a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						0. 0.
olen 9 0a b	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	111,174.	144,746.	198,637.	224,830.	177,270.	856,657. 0.
b c c 11	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)	0.	144,746. 0.	198,637.	224,830.	0.	0. 0. 0. 0. 0.
9 0a b c 11	dar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	111,174.  0.  111,174.  is for the organizati stop here	144,746.  0.  144,746. ation's first, secon	198,637.	224,830.	0.	0. 0. 0. 0. 0.
b c 11	dar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	0.  111,174.  Is for the organization here  blic Support P	144,746.  0.  144,746. ation's first, secon	198, 637.  0.  198, 637.  d, third, fourth, c	224,830.  0.  224,830. r fifth tax year as	177, 270.  0.  177, 270. a section 501(c)(3	856,657. 0. 0. 0. 0. 856,657. ▶ □
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0a b c 11 12 13 14 ec	dar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage	111,174.  111,17	144,746.  0.  144,746. ation's first, secondercentage of (f) divided by ling Part III, line 15 one Percentage column (f) divided	198, 637.  0.  198, 637.  d, third, fourth, come 13, column (f))  d by line 13, column	224,830. 0. 224,830. or fifth tax year as	177, 270.  0.  177, 270. a section 501(c)(3	856,657.  0.  0.  0.  0.  0.  856,657.  3)  ▶ □  100.00 %  100.00 %  0.00 %
b c 11 12 15 16 ec 17 18	dar year (or fiscal year beginning in)  Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage from the support income percentage from the support income percentage investment income percentage	111, 174.  111, 174.	144,746.  0.  144,746. ation's first, secon Percentage  (f) divided by lir Part III, line 15  me Percentage  column (f) divide	198, 637.  0.  198, 637.  d, third, fourth, come 13, column (f))  d by line 13, column 17	224, 830.  0.  224, 830.  r fifth tax year as	177, 270.  0.  177, 270. a section 501(c)(3  15  16	856,657.  0.  0.  0.  0.  856,657.  3)  ▶ □  100.00 %  100.00 %  0.00 %  0.00 %
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### rt IV Supporting Organizations

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

#### ection 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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**
- Oa 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 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)

		Vac	No
		Yes	No
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<sup>2</sup> a	rt IV:   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	e 8	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	1		
	governing body of a supported organization?	11a		<del> </del>
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	1110	l	<u> </u>
960	Cuon B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		ies	No
2	applied to such powers during the tax year  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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	1		
se e	ction C. Type II Supporting Organizations		<u> </u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	, 1 S	
se e	ction D. All Type III Supporting Organizations			<del>,</del>
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
;e	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
•	The organization satisfied the Activities Test. Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstruc	tions)	
	The organization supported a governmental ontity besome in a service of supported a government ontity (see	motrac		
2	Activities Test Answer (a) and (b) below.	r	Yes	No
	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	2a		
	<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.		Q.,	3 K 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? Provide details in Part VI.	3a	`Æ	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		lù 1
		N 0	00 57	. 2017

	t V 🕍 Type III Non-Functionally Integrated 509(a火3) Supporting Orga			
។ —	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	lov 20, 1970 (explain in st complete Sections A	Part VI) <b>See</b> through E
ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
ā	Average monthly value of securities	1a		_
ŀ	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
•	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 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2 (A)	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	grate	d Type III supporting org	anization
AA			Schedule A (Fo	rm 990 or 990-EZ) 2017

ar	t V 🗼 Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	t <b>ions</b> (continued)	
ЭC.	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organizations	,	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ) See instructions	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
ec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
þ	From 2013			
C	From 2014	<i>\$</i> -***		
d	From 2015	74 A Si		
e	From 2016			
1	f Total of lines 3a through e			
g	Applied to underdistributions of prior years	#		
h	Applied to 2017 distributable amount			
i	i Carryover from 2012 not applied (see instructions)	1 1 1 1 1 1 1 1	\$\$. \$\$\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	85. No 20. 44. 72
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			. <u>*4. x</u> <u>* *</u> 7. x
b	Applied to 2017 distributable amount			8
C	Remainder Subtract lines 4a and 4b from 4		***	
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7 <sup>-</sup>			
a	Excess from 2013			
	Excess from 2014			
_	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

ĀΑ

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

## SCHEDULE O Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

epartment of the Treasury iternal Revenue Service ame of the organization

ADVO-KIDS CASA, INC

Employer identification number

34-2048523

# Form 990-EZ, Part I, Line 16 Other Expenses

BUSINESS EXPENSE	\$	935.
CONTRACT SERVICES		109.
Insurance		4,269.
OPERATING COSTS		11,145.
OTHER PROGRAM COSTS		4,690.
SUPPLIES AND PRINTED MATTER		1,999.
TELECOM AND INTERNET		4,867.
Travel		5,887.
VOLUNTEER		3,851.
	Total \$	37,752.

### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SUPERVISE VOLUNTEERS, INCLUDING RECRUITMENT AND TRAININ

G TO ADVOCATE IN JUVENILE COURT FOR THE BEST INTERESTS OF ABUSED AND NEGLECTED

CHILDREN IN GRIFFIN GEORGIA JUDICIAL CIRCUIT COURT. CASE ASSESSMENT AND

MANAGEMENT.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?