Return of Organization Exempt From Income Tax

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

		the Treasury		nter social security numbers or		-	-		Open to Public	
		nue Service		www.irs.gov/Form990 for inst					Inspection	
			lar year, or tax year be		·	2023, and end	aing I		-30 ,2024	
		applicable:		Gainesville Opportuni	ty Center,	inc.		D Employer identification number		
\equiv	Address change Doing business as								20-8823721	
一	Name ch	-	,	box if mail is not delivered to street addres	s)	Room/s	suite	E Teleph	one number	
二	Initial ret		1210 NW 14th						(352)224-5523	
Ц	Final retu	urn/terminated		nce, country, and ZIP or foreign postal code	1			G Gross	·	
吕	Amende			FL 32601-4042				\$	596,172	
Ш	Applicati	on pending	F Name and address of prince	-	roga				r subordinates? Yes X No	
			Same as C ab	oove			H(b) Are all s	subordinates	s included? Yes No	
<u> </u>	Tax-exer		501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No,"	attach a list	See instructions	
J	Website		.goclubhouse.or	<u>g</u>			H(c) Group	exemption n	umber	
		organization: X		Association Other	L Year of	of formation: 20	04 M S	State of lega	I domicile: FL	
Pa	art I	Summar	-							
	1	-	=	ission or most significant activities				with m	ental illness	
ø		through	social involvem	ent and employment fo	r self-dire	cted rec	overy.			
Š										
Activities & Governance										
ŏ	2			n discontinued its operations or d				F 1		
رن مح	3			overning body (Part VI, line 1a)			~	3	11	
Se	4			pers of the governing body (Part '				4	11	
į	5			d in calendar year 2023 (Part V, li				5	8	
Ćţ	6		r of volunteers (estimate		,			6	20	
4	7a			om Part VIII, column (C), line 12				7a	0	
	b	Net unrelate	d business taxable inco	me from Form 990-T, Part I, line 1	1	,		7b	0	
							Prior Year		Current Year	
	8	Contributions	s and grants (Part VIII, li	ne 1h))	635	,293	592,191	
ne	9	Program ser	rvice revenue (Part VIII,	line 2g)			3	,613	3,578	
Revenue	10	Investment i	ncome (Part VIII, columr		202	403				
Re	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							0	
	12	Total revenu	e - add lines 8 through 1	1 (must equal Part VIII, column (A	A), line 12)		639	,108	596,172	
	13	Grants and s	similar amounts paid (Pa	art IX, column (A), lines 1-3)	7				0	
	14	Benefits paid	d to or for members (Par	rt IX, column (A), line 4)			0			
	15	Salaries, oth	er compensation, emplo	yee benefits (Part IX, column (A),	412	,189	426,460			
Expenses	16a	Professional	fundraising fees (Part I	X, column (A), line 11e)					0	
Ser.	b	Total fundra	ising expenses (Part IX,	column (D), line 25)	45,	,192				
$\overline{\Sigma}$	17	Other expen	ses (Part IX, column (A)	, lines 11a-11d, 11f-24e)			204	,507	184,409	
	18	Total expens	ses. Add lines 13-17 (m	ust equal Part IX, column (A), line	25)		616	,696	610,869	
	19	Revenue les	s expenses. Subtract lin	ne 18 from line 12			22	,412	(14,697	
5	Ses	4				Beg	ginning of Curre	ent Year	End of Year	
t Assets or	<u>ਛ</u> 20	Total assets	(Part X, line 16)				645	,269	620,661	
Ass	21		, ,				273	,385	263,474	
_ ž	를 22		or fund balances. Subtra	ct line 21 from line 20			371	,884	357,187	
	rt II		re Block							
				return, including accompanying schedules an officer) is based on all information of which			owledge and bel	ief, it is		
	, ,			, , , , , , , , , , , , , , , , , , , ,	, ,, ,					
O: -			edes Quiroga						12-19-2024	
Sig	Jn	Signature of office	cer					Date	•	
He	re		edes Quiroga, P	resident						
		Type or print nar								
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai			n H Kattell	Stephen H Kattell	12-1	9-2024	self-em	ployed	P01278226	
Pre	pare	Firm's name	Kattel	l and Company, P.L.			Firm's EIN			
Us	e Onl	y Firm's addres	808-B	NW 16th Ave			Phone no.			
			Gaines	ville FL 32601				352-3	95-6565	
May	the IR	S discuss this	return with the preparer	shown above? See instructions					Yes X No	

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Part IV

			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 <i>Schedule B, Schedule of Contributors</i> ? 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 L	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		Х
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		37
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
•	the organization's separate of consolidated infancial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part.X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 -		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part JI	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		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	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		х

3) Gainesville Opportunity Center, Inc. Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		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	04-		
_	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	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N, Part J Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		X
32	complete Schedule N, Part II	32		•
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\perp
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

Par	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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_		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	_		
		7a		Х
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		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e		7e		х
f	Did the organization, during the year, pay premiums, directly, on a personal benefit contract?	7f		X
g		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		х
b		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		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	x	
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
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		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	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:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 55		- 11
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	etion 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	1.00	х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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.	- 101		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1	1	1
17	List the states with which a copy of this Form 990 is required to be filed Florida			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Department of the control of the con			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
-	Margie Foster (352)224-5523, 1210 NW 14th Ave, Gainesville, FL 32601-4042			
	<u> </u>			

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

Check this box if neither the organization nor any	related organizat	on co	mpen	sate	ed a	ny curi	ent	officer, director, or	trustee.	
				(C)			20 7		
(A)	(B)	(-1			sition			(D)	(E)	(F)
Name and title	Average hours per week (list any	box	, unless cer and	s per l a dir	son is	nan one s both ar /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organization:
(1)Deidra Simon	40.00									
Executive Director				x				81,000	0	8,899
(2)Manny Quiroga	1.00									
Director		х						0	0	0
(3) Alexis Henderson	1.00									
Director		X						0	0	0
(4)Reid Schreiber	1.00									
Director		х						0	0	0
(5)Kathleen Ryan	1.00									
Director		x						0	0	0
(6)Mercedes Quiroga	1.00									
Director		x						0	0	0
(7)Leza Mueller	1.00									
Director		X						0	0	0
(8) Taralyn De Wese-Mitchell	1.00									
Director		Х						0	0	0
(9)Michael Conlon	1.00									
Secretary		х		х				0	0	0
(10)Joanne Edde	1.00									
Treasurer		х		х				0	0	0
(11)Gail Childs	1.00									
President		x		x				0	0	0
(12)Shoab Rana	1.00									
Vice President		x		x				0	0	0
(13)										
(14)										

EEA Form **990** (2023)

	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both at officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	co	(F) nated amo of other mpensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	nization a	
(15)													
<u>(16)</u>													
<u>(17)</u>									\				
<u>(18)</u>													
<u>(19)</u>									3/1				
(20)													
<u>(21)</u>													
(22)								5	1				
<u>(23)</u>													
(24)							7						
(25)				K		7							
1b c	Subtotal							•					
d	Total (add lines 1b and 1c)							ł	81,000	0		8,8	99
2	Total number of individuals (including but n	ot limited to								nan \$100,000 c	f		
	reportable compensation from the organiza	tion										Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	key en	nploy	yee,	or h	ighest	con	npensated			162	NO
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re										. 3		Х
,	organization and related organizations greater th												
5	individual										. 4		х
	for services rendered to the organization? If "Yes	•		-			-				. 5		х
Section	on B. Independent Contractors												
1	Complete this table for your five highest co- compensation from the organization. Report	•	-									tax ye	ear.
	(A) Name and business addres	SS							(B) Description of service	es	(C) Compens	sation	
									1				
2	Total number of independent contractors (in received more than \$100,000 of compensa	_					ose li	stec	d above) who				
		•	9			-							

Form 990 (2023) Gainesvill
Part VIII Statement of Revenue

I uit	V	Check if Schedule O contains a res	spons	e or note to any li	ine in this Part V	/III		
		encontin constante e contante a rec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	1,698				
	b		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
ລູຍ ກີ	d		1d					
ifts, r Ar	е	Government grants (contributions)	1e	449,030				
aj'e	f	All other contributions, gifts, grants,		, , , , , ,				
ig is		and similar amounts not included above	1f	141,463				
the the	g	Noncash contributions included in						
d of		lines 1a-1f	1g	\$ 51,019				
နှင့်	h	Total. Add lines 1a-1f			592,191			
				Business Code				
	2a	Boutique Sales		453220	31	31		
Program Service Revenue	b	Culinary Sales		900099	3,547	3,547		
gram Serv Revenue	С							
₩ We ii	d							
gra Re	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			3,578			
	3	Investment income (including dividends, inte	erest, a	and			,	
		other similar amounts)			403			403
	4	Income from investment of tax-exempt bond	d proce	eeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a							
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d		• •					
	7a	Gross amount from (i) Securiti	es	(ii) Other				
		sales of assets						
	١.	other than inventory 7a						
_	b	Less: cost or other basis						
enne		and sales expenses 7b	-					
-		Gain or (loss)						
Ř		Gross income from fundraising	7					
Other Re	oa	events (not including \$						
0		of contributions reported on line	-					
		1c). See Part IV, line 18	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising event						
		Gross income from gaming	" <u> </u>					
	00	activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	IUa	returns and allowances	10a					
	b	Less: cost of goods sold	10k					
		Net income or (loss) from sales of inventory	/					
		(,	· · ·	Business Code				
Ω	11a							
no ne	b	-						
scellanor Revenue	С							
Miscellanous Revenue	d	All other revenue						
Σ	е	Total. Add lines 11a-11d						
		Total revenue. See instructions			596 172	3 578	n	403

EEA

Part IX **Statement of Functional Expenses**

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

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

	Check if Schedule O contains a response of r	•		 	
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	89,815	71,852	13,472	4,491
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	260 252	240 707	5 014	00 540
7	_	269,353	240,797	5,814	22,742
8	Pension plan accruals and contributions (include	F 434	4 015	20	400
9	section 401(k) and 403(b) employer contributions) Other employee benefits	5,434	4,915	39	480
9 10	Payroll taxes	35,333	31,281	1,181	2,871
11	Fees for services (nonemployees):	26,525	23,137	1,360	2,028
a	Management				
b	Legal			-	
C	Accounting	16,950		16,950	
d	Lobbying	10,350		10,930	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A), amount, list line 11g expenses on Schedule O.)	26,384	24,147	898	1,339
12	Advertising and promotion	1,179	86	78	1,015
13	Office expenses	15,986	12,879	539	2,568
14	Information technology	11,539	10,512	284	743
15	Royalties			-	
16	Occupancy	18,132	17,497	363	272
17	Travel	7,981	7,766	215	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,075	8,755	181	139
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,498	21,255	139	104
23	Insurance	15,142	12,187	2,902	53
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Equipment and Furniture	2,728	2,122	606	
b	Supplies	37,815	31,070	398	6,347
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	610,869	520,258	45,419	45,192
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)			I	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> L</u>
			(A)		(B)
-			Beginning of year	_	End of year
	1	Cash - non-interest-bearing	71,976	1	40,820
	2	Savings and temporary cash investments	97,062	2	91,013
	3	Pledges and grants receivable, net	66,808	3	56,305
	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	8,976	9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 449,883			
	b	Less: accumulated depreciation	400,447	10c	432,523
	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)	645,269	16	620,661
	17	Accounts payable and accrued expenses	20,663	17	21,339
	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%		20	
Lia	22	controlled entity or family member of any of these persons	050 500	22	040 105
	23	Secured mortgages and notes payable to unrelated third parties	252,722	23	242,135
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	of Schedule D	273,385	26	263,474
	20	Organizations that follow FASB ASC 958, check here	2/3,303	20	203,4/4
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	371,884	27	349,437
anc	28	Net assets with donor restrictions	3/1,004	28	7,750
Ва	20	Organizations that do not follow FASB ASC 958, check here		20	7,730
pur		and complete lines 29 through 33.			
臣	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
sse	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	371,884	32	357,187
S	33	Total liabilities and net assets/fund balances	645,269	33	620,661
			010,200		Form 000 (2022)

Form	990	(2023)	

	_		
Gainesville	Opportunity	Center.	Tnc.

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Page	1	4

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		596,	172
2	Total expenses (must equal Part IX, column (A), line 25)	2		610,	869
3	Revenue less expenses. Subtract line 2 from line 1	3		(14,	697)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		371,	884
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		357,	187
Pai	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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b		
EEA			Forn	n 990	(2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

Gainesville Opportunity Center, Inc. 20-8823721 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

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

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

	on A. Public Support				1		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	337,012	383,950	507,526	609,256	591,818	2,429,562
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	337,012	383,950	507,526	609,256	591,818	2,429,562
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on			Y			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						16,395
_6	Public support. Subtract line 5 from line 4.						2,413,167
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	337,012	383,950	507,526	609,256	591,818	2,429,562
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	17	25	17	202	403	664
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						2,430,226
12	Gross receipts from related activities, etc.		•			12	16,125
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6					14	99.30 %
15	Public support percentage from 2022 Sch					15	99.79 %
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua	•		-			
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization	•		•			_
17a	10%-facts-and-circumstances test - 20	_					
	10% or more, and if the organization mee					-	
	Part VI how the organization meets the fa			-	-		orted
	organization						
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-		is a publicly su	pported
	organization						
18	Private foundation. If the organization di						
	instructions						

EEA Schedule A (Form 990) 2023

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

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

Secti	on A. Public Support			, <u>, , , , , , , , , , , , , , , , , , </u>	,	,	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	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						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	L	<u> </u>		\ <u>\</u>
14	First 5 years. If the Form 990 is for the or	•			•	•	~ ~
	organization, check this box and stop her						
	on C. Computation of Public Suppor			10 1 (0)			
15	Public support percentage for 2023 (line 8		•	, , , , , , , , , , , , , , , , , , , ,		15	<u>%</u>
16	Public support percentage from 2022 Sch					16	<u>%</u>
	on D. Computation of Investment In				···· (f)	4=	
17	Investment income percentage for 2023 (-		17	<u>%</u>
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this b	=	-	=			
b	33 1/3% support tests - 2022. If the organizat						
00	line 18 is not more than 33 1/3%, check this bo	-	•	•		-	_
_20	Private foundation. If the organization di	a not check a	pox on line 14,	19a, or 19b, c	neck this box a	ana see instruc	tions \square

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

Secti	on A. All Supporting Organizations		Vaa	NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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 lines 4b and 4c below.	4a		
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.	4b		
С	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)	40		
5 0	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	O.		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	0-		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
	Dia trio organization have any excess basiliess holdings in the tax year: [Ose oblicable o, Follii 4/20, to			

determine whether the organization had excess business holdings.)

raiti	Supporting Organizations (continued)		Yes	No
11	Has the arganization accepted a gift or contribution from any of the following paragray?		res	NO
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
Soction	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Vaa	Na
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			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 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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns).
а	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.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
Ì	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

20-8823721

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus	st on Nov. 20, 1970 <i>(explair</i>	n in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
		,	(B) Current Year				

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
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		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		tegrated Type III supportin	n organization

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

EA Schedule A (Form 990) 2023

e Excess from 2023

Schedu	e A (Form 990) 2023 Gainesville Opportunity		20-882	3721 Page 7
Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of support	red	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required	•		
6	Other distributions (describe in Part VI). See instructions	•	6	
7_	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic	h the organization is resp		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.	ח		
7	Excess distributions carryover to 2024. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			

Schedule A (Form 990) 2023 EEA

Schedule A (F	orm 990) 2023 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Schedule of Contributors

2022

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

Name of the organization **Employer identification number** Gainesville Opportunity Center, Inc. 20-8823721 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Gainesville Opportunity Center, Inc.

Employer identification number

20-8823721

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$367,890	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 60,131	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$35,824	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,380	Person Payroll Moncash Moncash Moncash Moncash Moncash Moncash Moncash Moncash Contributions.)

Name of organization

Gainesville Opportunity Center, Inc.

Employer identification number 20-8823721

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Building Renovations	\$33,039	12-31-2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Building Renovations	\$ 15,380	12-31-2023
(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
		\$	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the or	ganization		Employer identification number
Gaine	svil	le Opportunity Center, Inc.		20-8823721
Pa		Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	
		Complete if the organization answered "Yes" of		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year	· ·	
2		gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in	writing that the assets held in donor advised	
		are the organization's property, subject to the organization	_	
6		e organization inform all grantees, donors, and donor a		
·		or charitable purposes and not for the benefit of the dor		
		ring impermissible private benefit?		
Par		Conservation Easements		
ı uı		Complete if the organization answered "Yes" of	on Form 990 Part IV line 7	
1	Dumo	se(s) of conservation easements held by the organization		
'		eservation of land for public use (for example, recreation	1 1 1	historically important land area
	_	otection of natural habitat		certified historic structure
	=		☐ Preservation of a	Certified filstoff C structure
•	_	eservation of open space	ind concernation contribution in the form of	
2		lete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	
_		nent on the last day of the tax year.		Held at the End of the Tax Year
a		number of conservation easements		
b		acreage restricted by conservation easements		
С.		er of conservation easements on a certified historic str		2c
d		er of conservation easements included on line 2c, acq		
_		istoric structure listed in the National Register		<u>2d</u>
3		er of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the
	tax ye			
4		er of states where property subject to conservation ea		
5		the organization have a written policy regarding the pe		
		ons, and enforcement of the conservation easements in		
6	Staff a	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserv	ration easements during the year
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
		_		
8		each conservation easement reported on line 2d abov		
	and se	ection 170(h)(4)(B)(ii)?		Yes
9	In Par	t XIII, describe how the organization reports conservat	tion easements in its revenue and expense s	statement and balance
	sheet,	and include, if applicable, the text of the footnote to the	e organization's financial statements that des	scribes the
4		ization's accounting for conservation easements		
Par		Organizations Maintaining Collections		Other Similar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the	organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet works
	of art,	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	nerance of public
	servic	e, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b		organization elected, as permitted under FASB ASC 9		
	art, his	storical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provid	le the following amounts relating to these items:		
	(i) R	evenue included on Form 990, Part VIII, line 1		\$
	(ii) A	ssets included in Form 990, Part X		\$
2	If the	organization received or held works of art, historical tre	easures, or other similar assets for financial	gain, provide the
	follow	ing amounts required to be reported under FASB ASC	958 relating to these items:	
а	Rever	nue included on Form 990, Part VIII, line 1		\$
b	Asset	s included in Form 990, Part X		\$

Part	III Organizations Maintaining (Collections of Art, His	storical Treasures,	or Other Similar A	issets (cc	ontinued)
3	Using the organization's acquisition, accession	n, and other records, check	any of the following that r	nake significant use of its	;	
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange p	rogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain how the	ev further the organization	n's exempt purpose in Pa	rt	
	XIII.	'	, ,			
5	During the year, did the organization solicit or	receive donations of art, his	torical treasures, or other	similar		
·	assets to be sold to raise funds rather than to				Yes	s □ No
Part			c organizations conceilor	11		
I all	Complete if the organization a	_	rm 000 Part IV line	0 or reported an ar	mount on	Form
	990, Part X, line 21.	ilisweled 163 oli i ol	iii 330, i ait iv, iiie	o, or reported arr ar	nount on	1 01111
		n or other intermedian, for a	antributions or other socs	to not		
1a	Is the organization an agent, trustee, custodia				□ v	
	included on Form 990, Part X?				∐ Yes	s ∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the following to	able.			
					mount	
C	Beginning balance			. 1c		
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Fo				_	_
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanation	on has been provided on F	Part XIII	<u></u>	<u>. Ll</u>
Part						
	Complete if the organization a	nswered "Yes" on For	m 990, Part IV, line	10.		
		(a) Current year (b) F	Prior year (c) Two years	back (d) Three years back	k (e) Four	years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	ent year end balance (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.				
3a	Are there endowment funds not in the posses		t are held and administere	ed for the		
-	organization by:	,			[Yes No
					3a(i)	100 110
	(ii) Related organizations?				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization					
4	Describe in Part XIII the intended uses of the	•			, . 30	
Part			ulius.			
ı aı			m 000 Part IV line	11a See Form 990) Dart Y I	ino 10
	Complete if the organization a					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
	Land	(mivesufferit)	` ′	чергенация		
1a	Land	•	209,526			209,526
b	Buildings	•	236,854	16,776	2	220,078
С	Leasehold improvements	•				
d	Equipment	•	3,503	584		2,919
e	Other					
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, line	10c, column (B)			32,523

	Complete if the organization answered "Yes" o	i roilli 990, rail iv, iiile	11b. See Form 990, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial	derivatives		
2) Closely-he	eld equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4)		
	n (b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII	Investments - Program Related	- Form 000 Dort IV line	44a Caa Farm 000 Part V line 42
	Complete if the organization answered "Yes" o	1 Form 990, Part IV, line	Tic. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cook of Grid of your market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15
(1)	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	
(1)		n Form 990, Part IV, line	
(2)		n Form 990, Part IV, line	
(2) (3)		n Form 990, Part IV, line	
(2) (3) (4)		n Form 990, Part IV, line	
(2) (3) (4) (5)		n Form 990, Part IV, line	
(2) (3) (4) (5) (6)		n Form 990, Part IV, line	
(2) (3) (4) (5) (6) (7)		n Form 990, Part IV, line	
(2) (3) (4) (5) (6)		n Form 990, Part IV, line	
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, line 15 col. (B))		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" o line 25.		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) (3)	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) (3) (4)	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (2) (3) (4) (5)	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities Complete if the organization answered "Yes" oline 25. (a) Description of liability (b)	n Form 990, Part IV, line	(b) Book value

Page 4

Part		Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	596,172
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	506 150
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	596,172
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	_	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	596,172
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	610,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	610,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	610,869
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part V line	`
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art A, iiric	•
<u>_</u> ,	74, miles 28 dira 16, and 1 dir 741, miles 28 dira 16.71166 ben plate the part of provide diry decimal an information.		
_4			

EEA Schedule D (Form 990) 2023

SCHEDULE L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name of th	ne organization						Emplo	yer iden	tificati	on nur	nber		
Gainesville Opportunity Center, Inc.					20-	88237	21						
Part I	Excess Bene	fit Transactio	ns (section 501(c)(3), section	501(c)(4),	and se	ection 501(c)(2	9) orga	nizat	ions c	nly).		
	Complete if the	e organization	answered "Yes" or	n Form 990), Part IV, li	ne 25a	a or 25b, or Fo	rm 990	-EZ, I	Part \	/, line	40b.	
1	(a) Name of disqualified p	person	(b) Relationship between o	disqualified pers	son and		(c) Description	of transac	ction			(d) Cor	rected?
			organizat	ion								Yes	No
(1)													
(2)													
•													
(3)								_ \					
2 En	ter the amount of tax i	ncurred by the o	rganization managers	or disqualifi	ed persons d	luring th	ne year						
und	der section 4958					,				\$			
3 En	ter the amount of tax,	if any, on line 2,	above, reimbursed by	the organiza	ation					\$			
Part II	Loans to and	or From Inte	rested Persons										
			answered "Yes" or				38a, or Form 9	90, Pa	rt IV,	line 2	:6; or	if the	
	organization re	eported an am	ount on Form 990,	Part X, line	e 5, 6, or 22	2.							
(a) Na	me of interested person	(b) Relationship	(c) Purpose of (c	l) Loan to or	(e) Origin	al	(f) Balance due	(g) In d	efault?	(h) Ap	proved	(i) W	ritten
		with organization	loan	from the	principal am	ount				by bo	ard or	agree	ment?
			OI	rganization?						comm	ittee?		
			Т	o From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)				7									
(4)													
(=)													
(5)													
Total . Part II	Cranto ar Ass	oiotopas Ban	ofiting Interacted F			\$							
raitii			efiting Interested F answered "Yes" or		Dort IV/ li	no 27							
(=) N	ame of interested person		onship between interested				(d) Type of assistance			(a) D			
(a) N	ame of interested person		on and the organization	1 '	mount of		(u) Type of assistance	e		(e) Fuip	use or a	ssistand	·E
			,										
(1)													
(.)													
(2)													
,													
(3)													
. ,													
(4)													

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues	
				Yes	No
<i>-</i>	_ •				
(1) Family member of board member	Employee	41,000	Employee Compensation		х
(2)					
(3)					
(4)					
(5) Part V Supplemental Information					
Provide additional information for	r responses to questions	s on Schedule L. See	instructions.		
4 6					
- 					

EEA Schedule L (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization **Employer identification number** Gainesville Opportunity Center, Inc. 20-8823721 Part I Types of Property (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household 1,284 FMV 6 Cars and other vehicles Boats and planes 7 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation 14 contribution - Other 15 Real estate - Residential 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (Building Improv 3 49,735 Cost 26 27 Other (28 Other (Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a х If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? х b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

Name of the organization	Employer identification number
Gainesville Opportunity Center, Inc.	20-8823721
01. Officer, directors, etc. family relationship (Part VI, line 2)	
Manny Quiroga has a family relationship with Mercedes Quiroga.	
02. Committee meeting documentation (Part VI, line 8b)	
There are no committees with authority to act on behalf of the board.	
There are no committeeed with authority to doe on Schart of the Source.	
03. Form 990 governing body review (Part VI, line 11)	
os. form you governing body fevrew (fait vi) fine if	
The Form 990 is prepared with the assistance of a CPA. It is reviewed	d and approved by the
executive director and board president and is emailed to the full board	rd prior to filing.
04. Conflict of interest policy compliance (Part VI, line 12c)	
GOC has a conflict-of-interest policy and conflict of interest acknow	ledgements are
collected from board members annually. Board members are expected to	report any possible
conflicts as they arise.	
05. CEO, executive director, top management comp (Part VI, line 15a)	
Compensation for the executive director was determined by an independent	ent search committee
who researched comparable salaries with Your Thriving Nonprofit, Clubb	house International
and the local community foundation. The search process was documented	•
06. Governing documents, etc, available to public (Part VI, line 19)	
5	
Governing documents are made available upon request.	
▼ 	