# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

$\overline{A}$	For t	he 2023 calen	ıdar year, or tax year beç	innina		. 2023.	and ending	<u> </u>			20
		if applicable:	C	······9		, _====,	<u> </u>	9	D Employ		ication number
-	$\overline{}$	ddress change	Southgate Found	Nation Inc						03526	
	$\blacksquare$	-	1959 University						E Telepho		
	$\blacksquare$	ame change	Houston, TX 770	30					•		
		nitial return		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					/13	524-	-9782
	$\blacksquare$	nal return/terminated									
	A	mended return							<b>G</b> Gross re		
	Α	pplication pending	F Name and address of princ	ipal officer: Kath	leen M	cGarry			a group returi		H.03 H.00
			Same As C Above	9				H(b) Are all If "No."	subordinates attach a list.	included See inst	? Yes No
I	Tax	-exempt status:	X 501(c)(3) 501(c)	( ) (ins	ert no.)	4947(a)(1) or	527	-,			
J	We	bsite: N/	/A					H(c) Group	exemption nu	mber	
K	Forr	n of organization:	X Corporation Trust	Association	Other	LY	ear of formation	on: 1992	2 <b>M</b> s	tate of le	gal domicile: TX
Pa	ırt I	Summar	ry						•		
	1	Briefly descri	ibe the organization's mi	ssion or most si	gnificant a	ctivities: See	e Sched	lule O			
a											
Governance											
Ĕ											
ĕ	2	Check this be		tion discontinue						net ass	sets.
G			oting members of the government							3	5
တ္ဆ	4		ndependent voting memb	-		•	-			4	5
ij	5		r of individuals employed							5	2
Activities &	6		r of volunteers (estimate							6	0
٧			ed business revenue from d business taxable incom							7a 7b	0.
	D	ivet unrelated	u business taxable incom	ie iroini Formi 99	U-I, Fait i	, IIIIE 11			rior Year	76	0. Current Year
	8	Contributions	s and grants (Part VIII, li	ne 1h)						2.4	
ne	9		vice revenue (Part VIII, li						599,4 45,4		591,231. 73,141.
Revenue	10	-	ncome (Part VIII, column	<del>-</del>					45,4	00.	73,141.
Rej	11		ue (Part VIII, column (A),		-				Ω	46.	5,465.
	12		e – add lines 8 through						645,7		669,837.
	13		similar amounts paid (Pa					_	339,3		477,228.
	14		d to or for members (Par			•			337,3	70.	411,220.
	15		er compensation, employ						86,3	<b>01</b>	21,326.
es	160		fundraising fees (Part IX						00,3	01.	21,320.
Expenses	16a				•			•			
Š	b		sing expenses (Part IX,								
ш	17		ses (Part IX, column (A),						151,1	57.	164,320.
	18	Total expens	ses. Add lines 13-17 (mus	st equal Part IX,	column (A	A), line 25)			576,8	28.	662,874.
	19	Revenue less	s expenses. Subtract line	e 18 from line 12					68,9	12.	6,963.
₽ 88								Beginnin	ng of Curren	t Year	End of Year
sets alan	20		(Part X, line 16)						.,897,0	52.	1,781,029.
Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)						272,4	41.	148,080.
\$ <u>}</u>	22	Net assets or	r fund balances. Subtrac	t line 21 from lin	ne 20			1	,624,6	11.	1,632,949.
Pa	rt II	Signatui	re Block								
Unde	er pena	Ities of perjury, I d	eclare that I have examined this	return, including acco	mpanying sch	edules and staten	nents, and to t	he best of m	y knowledge	and belie	f, it is true, correct, and
com	plete. L	Declaration of prepa	arer (other than officer) is based	on all information of v	vhich preparei	r has any knowled	ige.				
Siç He	gn	Signature of	f officer					Date			
He	re		een McGarry				P	reside	nt		
			t name and title		-			-			
_		Print/Type	preparer's name	Preparer's signa	ture		Date		Check	If F	PTIN
Pa	id	Lee A	nn Kroon	Lee Ann	Kroon				self-employe	ed I	201690657
	epar										
Us	e Or	ily Firm's addr			r				Firm's EIN		
				77388					Phone no.	713-	818-1180
Ma	y the	IRS discuss th	his return with the prepar		? See inst	ructions					X Yes No

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

4e Total program service expenses 653,830.

Form **990** (2023)

# Form 990 (2023) Southgate Foundation Inc Part IV Checklist of Required Schedules

-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> 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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		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		Χ
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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 II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	

# Form 990 (2023) Southgate Foundation Inc Part IV Checklist of Required Schedules (continued)

			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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
	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? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
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
	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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1с		
BAA	TEEA0104L 08/23/23	Form	990 (	2023

Form 990 (2023) Southgate Foundation Inc

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

			res	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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	/1		Λ
Ĭ	as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
Ŭ	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		37
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
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		
	TET LAND. AND			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 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 on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section 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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X **14** Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

Kathleen McGarry 1959 University Blvd Houston TX 77030 713 524-9782

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box.	unle	ss pe	ition more rson lirecto	than or the sort length of the s	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kathleen McGarry President	<u> 40</u> _	Х		Х				4,000.	0.	0.
(2) Denise Brisson Vice President	_ <u>0.5</u> 0	X		X				0.	0.	0.
(3) Laura Roman Treasurer	2	Х		Х				0.	0.	0.
(4) Patricia Keefe Director	0.25	Х						0.	0.	0.
	0.25	Х						0.	0.	0.
		•								
		•								
		-								
(9)		-								
(10)		-								
(11)										
(12)		-								
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru	istees,	ney	Em		oye C)	es,	and	a Hignest Con	ipensated Emp	oyees	(conti	nued)
<b>(A)</b> Name and title	(B)  Average hours per week (list any	box, offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the organization (W-2/1099-	(E)  Reportable compensation from related organizations (W-2/1099-	compe	(F) ated amo f other nsation r ganizati	from			
	hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	and	d related nnization	t
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Subtotal							<u>.                                    </u>	4,000.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c)	to those I	isted	abo	ve) '	who	recei	ved	4,000. more than \$100,00	0. 00 of reportable comp	ensation	า	0.
from the organization 0											Yes	No
3 Did the organization list any <b>former</b> officer, direction line 1a? <i>If "Yes," complete Schedule J for suci</i>	tor, truste	ee, ke	ey e	mpl	oyee	e, or	high	nest compensated	l employee	3	162	
<ul> <li>For any individual listed on line 1a, is the sum of the organization and related organizations greate</li> </ul>										3		X
such individual										. 4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	e comper s," compl	isatio ete S	on fr Sche	om dule	any J fo	unre or su	late ch p	ed organization or person	individual	. 5		X
1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated ind	epen	den alen	t co	ntra vear	ctors	tha	it received more t	han \$100,000 of ganization's tax year			
(A) Name and business addr					<u>,                                     </u>		<u> </u>	Description		Compe	<b>C)</b> nsatio	n
		_										_
2 Total number of independent contractors (including b \$100,000 of compensation from the organization	out not lim	ited to	o the	ose	listed	d abo	ve)	who received more	than			
<u> </u>	U											

### Form 990 (2023) Southgate Foundation Inc 76-0352686 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue business exempt excluded from tax under sections 512-514 function revenue revenue ts, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . . . 1e Contributions, and Other Sin All other contributions, gifts, grants, and similar amounts not included above . . . 1f 591,231 Noncash contributions included in 1q h Total. Add lines 1a-1f . . . . . . . 591,231 Business Code Program Service Revenue 2a Residence & Activities 624100 73,141 73,141 All other program service revenue. . . g Total. Add lines 2a-2f ..... 73,141 Investment income (including dividends, interest, and other similar amounts) ..... Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a 3,731 **b** Less: rental expenses 6b c Rental income or (loss) 6c 3,731 d Net rental income or (loss) 3,731 3,731 (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses..... 8b **9a** Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . . . . . . . . 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a 10b **b** Less: cost of goods sold.... c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous **11a** <u>Other Income</u> 624100 1,734 1,734 Revenue All other revenue ..... e Total. Add lines 11a-11d . . . 734

669,837

78,606

0

Total revenue. See instructions.....

12

Form 990 (2023) Southgate Foundation Inc 76
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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	462,653.	462,653.	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	14,575.	14,575.		
3		==,=:==	= 2, 0 : 0 :		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,000.	4,000.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	7,081.	7,081.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,001.	7,001.		
9	Other employee benefits	8,409.	8,409.		
10	Payroll taxes	1,836.	1,836.		
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12,066.	3,022.	9,044.	
d	Lobbying		·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	11,280.	11,280.		
13	Office expenses	2,606.	2,606.		
14	Information technology	2,000.	2,000.		
15	Royalties				
16	Occupancy	22,685.	22,685.		
17	Travel	30,179.	30,179.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3371731	30,1731		
19 20	Conferences, conventions, and meetings	6,660.	6,660.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	24,616.	24,616.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	,	,		
а	Food	21,199.	21,199.		
b	Program Expenses	19,525.	19,525.		
С		5,685.	5,685.		
d		4,279.	4,279.		
e	All other expenses	3,540.	3,540.		
25	Total functional expenses. Add lines 1 through 24e	662,874.	653,830.	9,044.	0.
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)				

		Check if Schedule O contains a response or note to	o any line	in this Part X	<u></u>	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			298,736.	1	213,473.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		27,911.	4		
	5	Loans and other receivables from any current or form	ner officer,	director,			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	al contribute	or, or 35%		5	
	_	Loans and other receivables from other disqualified p		H		3	
	6	section 4958(f)(1)), and persons described in section	•			6	
	7	Notes and loans receivable, net		· · ·		7	
Ø	8	Inventories for sale or use		<u> </u>		8	
Assets	9	Prepaid expenses and deferred charges		<u> </u>	7,813.	9	
As		•	1 1		7,013.	3	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,567,555.			
		Less: accumulated depreciation.		1,307,333.	1,562,592.	10c	1,567,555.
	11	Investments – publicly traded securities			1,002,032.	11	1,001,0001
	12	Investments – other securities. See Part IV, line 11		-		12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets		<del>-</del>		14	
	15	Other assets. See Part IV, line 11				15	1.
	16	Total assets. Add lines 1 through 15 (must equal line	: 33)		1,897,052.	16	1,781,029.
	47	Assessment assessment assessment			6.000	47	1.516
	17 18	Accounts payable and accrued expenses			6,223.	17 18	4,546.
	19	Deferred revenue		L	114,035.	19	1,700.
	20	Tax-exempt bond liabilities		<u> </u>	114,033.	20	1,700.
Ø	21	Escrow or custodial account liability. Complete Part		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution		L			
abi		key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	utor, or 35	-		22	
Ï	23	Secured mortgages and notes payable to unrelated the		_	152,182.	23	1/1 02/
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>	132,102.	24	141,834.
	25	1 7					
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			1.	25	
	26	Total liabilities. Add lines 17 through 25			272,441.	26	148,080.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e X				
aŭ	27	Net assets without donor restrictions		-	1,624,611.	27	1,632,949.
Bal	28	Net assets with donor restrictions		-	1,024,011.	28	1,032,949.
P		Organizations that do not follow FASB ASC 958, che					
Ξ		and complete lines 29 through 33.		Ш			
Net Assets or Fund Balance	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipn	ment fund.			30	
188	31	Retained earnings, endowment, accumulated income				31	
et /	32	Total net assets or fund balances		<u> </u>	1,624,611.	32	1,632,949.
	33	Total liabilities and net assets/fund balances			1,897,052.	33	1,781,029.
BA	Α		TEEA0111L	08/23/23		-	Form <b>990</b> (2023)

Pai	t 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	6	69,8	337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	62,8	374.
3	Revenue less expenses. Subtract line 2 from line 1	3		6,9	963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6	24,6	511.
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		1,3	375.
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	1 6	32,9	149
Pai	rt XII Financial Statements and Reporting		1,0	<i>JL</i> , ,	747.
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Scriedule O contains a response of flote to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.  Separate basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ate			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	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 Guidance, 2 C.F.R. Part 200, Subpart F?				Х
b	o 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		3b		
BAA	TEEA0112L 08/23/23		Form	990	(2023)

## **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name o	lame of the organization Employer identification number											
Sou	thgate Foundation Ind					76-035268						
Part							ctions.					
The c	rganization is not a private found	dation because it is: (	(For lines 1 through 12,	check o	nly one	box.)						
1	A church, convention of church	,			b)(1)(A)(	(i).						
2	A school described in <b>sectio</b>	<b>n 170(b)(1)(A)(ii).</b> (At	tach Schedule E (Form	990).)								
3	A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170	)(b)(1)( <i>A</i>	A)(iii).						
4	A medical research organiza	ition operated in conj	unction with a hospital of	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii). E	nter the hospital's					
	name, city, and state:											
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or opera	ated by	a governmental unit de	escribed in					
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).						
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	olic described					
8	A community trust described	I in section 170(b)(1)	(A)(vi). (Complete Part I	l.)								
9	An agricultural research organi	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege					
	An agricultural research organization described in <b>section 170(b)(1)(A)(ix)</b> 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:											
10	An organization that normall	v roccivos (1) moro t	han 33 1/3% of its supr	ort from		utions momborship fo	as and gross receipts					
	An organization that normall from activities related to its investment income and unre	lated business taxabl	le income (less section	ns; and 511 tax)	(2) no i	more than 33-1/3% of its usinesses acquired by	ts support from gross the organization after					
	June 30, 1975. See section		•			F00/ \/4\						
11	An organization organized a	•	,	,		( // /						
12	An organization organized a or more publicly supported or lines 12a through 12d that do	rganizations describe	ed in <b>section 509(a)(1)</b> c	r <b>sectio</b>	n 509(a	)(2). See section 509(a	ut the purposes of one (3). Check the box on					
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise	ed, or controlled by its sur	ported o	rganizat	ion(s), typically by givino	the supported on. <b>You must</b>					
b	Type II. A supporting organiz		controlled in connection	with ite	cuppor	od organization(s) by	having control or					
-	management of the supporting must complete Part IV, Sect	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). <b>You</b>					
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza ions). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd functi <b>d E.</b>	onally integrated with, its	supported					
d	Type III non-functionally integ functionally integrated. The instructions). You must com	organization generally	v must satisfy a distribu	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	) that is not requirement (see					
е	Check this box if the organiz	ation received a writt	ten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally					
	integrated, or Type III non-fu											
f	Enter the number of supported Provide the following information	-										
	i) Name of supported organization		(iii) Type of organization			(v) Amount of monetary	(4) Amount of other					
'	i) Name of supported organization	(ii) EIN	(described on lines 1-10 above (see instructions))	organizat	s the ion listed	support (see instructions)	(vi) Amount of other support (see instructions)					
			above (see instructions))	in your g docur	nent?							
				Yes	No							
(A)												
<b>(D)</b>												
(B)												
(C)												
<u>(D)</u>												
(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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	680,650.	492,583.	530,430.	599,434.	591,231.	2,894,328.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			·	·	·	0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	680,650.	492,583.	530,430.	599,434.	591,231.	2,894,328.
6	<b>Public support.</b> Subtract line 5 from line 4						2,894,328.
Sec	tion B. Total Support						<u> </u>
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	680,650.	492,583.	530,430.	599,434.	591,231.	2,894,328.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						2,894,328.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage	11			
	Public support percentage for 20 Public support percentage from 2						100.00 % 100.00 %
	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	% or more, check	k this box
b	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	e organization did	I not check a box	on line 13 or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a l-circumstances te	nd-circumstances est. The organizati	test, check this to ion qualifies as a	oox and <b>stop here</b> publicly supporte	. Explain in Part d organization.	VI how the

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.)

Sac	tion A. Public Support		produce comprete i				
		(a) 2010	<b>(b)</b> 2020	<b>(c)</b> 2021	(4) 2022	(0) 2022	(6) Total
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<b>(a)</b> 2019	<b>(b)</b> 2020	(C) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the 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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						_
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		T		1	,	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	<b>(e)</b> 2023	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included 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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17		•		-		-	%
	Investment income percentage f					<u> </u>	%
	<b>33-1/3% support tests—2023.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	
	<b>33-1/3% support tests—2022.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> Th	e organization qu	ialifies as a public	ly supported organ	ization

Part IV Supporting Organizations

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

# **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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 <b>Part VI</b> 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 <b>Part VI</b> 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 box 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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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 designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>	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 <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
0a	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 determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)		1	
11	⊔ac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	`	governing body of a supported organization?	11a		
	<b>)</b> A fai	mily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations		1	
1	or m	the governing body, members of the governing body, officers acting in their official capacity, or membership of one lore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported		Yes	No
	orga than were	inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powersing the tax year.	1		
2	that bene	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	of ea	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
	-	217 iii 17 po iii Gapportiiig G. gaiii <b>a</b> atioiis		Yes	No
1	orga	the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax , (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	orga	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played			
	in th	is regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 📙 -	The organization satisfied the Activities Test. Complete line 2 below.			
	ь <u>П</u>	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 📙 -	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	5).
2	Activ	vities Test. Answer lines 2a and 2b below.		Yes	No
	supp <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> unizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
	subs	stantially all of its activities.	2a		
	more reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the ons for the organization's position that its supported organization(s) would have engaged in these activities	2b		
2		for the organization's involvement.	ΔIJ		
	<b>a</b> Did t	ent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	n of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did t supp	he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 Southgate Foundation Inc

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 76-0352686

ı a	Type in Non-1 unctionally integrated 303(a)(3) Supporting Orga	IIIIZat	10113	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2		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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> 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: \$			
a Applied to underdistributions of prior years			
<b>b</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 <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

Part VI

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

### SCHEDULE 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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Southgate Foundation Inc 76-0352686 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III   Organi	izations maint	anning Co	lection	S OI AIL, HIS	Storica	ii ireasures,	or Othe	Sillillar As	55612 (	COITUI	iueu)
3 Using the organizitems (check all	ation's acquisition, that apply).	accession, a	nd other re	ecords, check a	ny of the	e following that m	ake signifi	cant use of its	collection	1	
a Public exhib	ition			<b>d</b> Loan	or exch	ange program					
<b>b</b> Scholarly re	search			e Other							
c Preservation	n for future genera	ations									
4 Provide a descrip Part XIII.	tion of the organiza	ation's collecti	ons and e	explain how they	y further	the organization's	s exempt p	ourpose in			
5 During the year to be sold to rai	did the organizat se funds rather th	ion solicit or an to be mai	receive ontained a	lonations of ar is part of the o	rt, histor organiza	rical treasures, cation's collection	r other sir	milar assets	Yes		No
Part IV Escro	w and Custodi	al Arrange	ements	\/		000 David IV/ II	0				
Form 9	ete if the orga 990, Part X, lin	ne 21.						•	n amo	unt or	1 
1a Is the organizat on Form 990, P	on an agent, trus art X?	tee, custodia	n, or othe	er intermediary	for cor	ntributions or oth	er assets	not included	Yes		No
<b>b</b> If "Yes," explain								L			
									Amount		
c Beginning balar											
<b>d</b> Additions during											
e Distributions du	3 ,										
f Ending balance											
2a Did the organiza										L	No
<b>b</b> If "Yes," explain	the arrangement	in Part XIII.	Check he	ere if the expla	anation I	has been provide	ed in Part	XIII		· · · · L	_
Part V Endov	ment Funds										
	ete if the orga	nization ar	nswered	I "Yes" on F	orm 9	90. Part IV. I	ine 10.				
							-	1 1	1 () 5		
1a Beginning of ye	ar halanaa	(a) Current	year	<b>(b)</b> Prior yea	r	(c) Two years back	(a) I	hree years back	(e) F	our years	раск
<b>b</b> Contributions	-								1		
	-										
c Net investment and losses	earnings, gains,										
<b>d</b> Grants or schola											
e Other expenditu	res for facilities										
f Administrative	<u> </u>								-		
<b>q</b> End of year bala	· –										
2 Provide the esti	L_	of the curre	nt vear e	nd halance (lin	ne 1a c	olumn (a)) held	as:		1		
a Board designate			int your or	%	10 1g, 0	0141111 (4)) 11014	ao.				
<b>b</b> Permanent end		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
c Term endowme		·									
	on lines 2a, 2b, an	d 2c should e	gual 100%	, o.							
,			•		لملمط معم	and administers	for the				
3a Are there endown organization by:	nent iunus not in ti	ie possession	or the org	janization that d	are neiu	and administered	ior the			Yes	No
-	ganizations?								3a(i)		
(ii) Related org	anizations?								3a(ii)		
<b>b</b> If "Yes" on line	3a(ii), are the rela	ated organiza	tions liste	ed as required	on Sch	edule R?			3b		
4 Describe in Par	XIII the intended	uses of the	organizat	ion's endowme	ent func	ls.			<u> </u>		
Part VI Land,	Buildings, and	d Equipme	nt								
	e if the organization			Form 990, Part	IV, line	11a. See Form 9	90, Part X	, line 10.			
	tion of property		<b>(a)</b> Cost (	or other basis estment)	<b>(b)</b> (	Cost or other asis (other)	<b>(c)</b> Acc	cumulated eciation	(d) B	Book va	lue
<b>1a</b> Land			Ç <b>v</b>		50	1,050.	2001			1.	050.
<b>b</b> Buildings					1	L,426,944.			1.		944.
c Leasehold impro						, ,			-,		
<b>d</b> Equipment						25,540.				25.	540.
<b>e</b> Other						114,021.					021.
Total. Add lines 1a th			gual Form	990, Part X. i	line 10c				1		555.
BAA	<u> </u>			,, -					ule D (Fo		

Part VII		Other Securities	Form 990 Part IV line	N/A 11b. See Form 990, Part X, line 12.	
(a) Descri		y (including name of security)	(b) Book value	(c) Method of valuation: Cost or	
			(4)	(O) memor or randament control	
(3) Other	4				
_					
(A) (B) (C) (D) (E)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
_`	n (h) must equal Form 990	, Part X, line 12, column (B))			
Part VIII				N/A	
T CIT VIII	Complete if the orga	anization answered "Yes" or	Form 990, Part IV, line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of in	vestment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990	, Part X, line 13, column (B))			
Part IX	Other Assets		N/A		
	Complete if the orga		<u>1 Form 990, Part IV, line</u> scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)		(a) De	scription		(b) book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		Form 990, Part X, line 15, c	column (B))		
Part X	Other Liabilitie	<b>5</b> anization answered "Ves" or	Form 990 Part IV line	11e or 11f. See Form 990, Part X, I	lino 25
1.	Complete if the orga		ription of liability	THE OF THE SECTORIN 550, FAIT A, I	(b) Book value
	al income taxes	( <b>u</b> ) <b>D</b> 0 3 0 1	iption of hability		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
		Part XIII, provide the text of the for here if the text of the footnote has		nancial statements that reports the organiza	tion's liability for uncertain

Par	t XI	Reconciliation of Revenue per Audited Financial Statements	s With Revenue per Re	eturn N/A
		Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1	Total	revenue, gains, and other support per audited financial statements		1
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net u	nrealized gains (losses) on investments	2a	
b	Donat	ted services and use of facilities	2b	
С	Recov	veries of prior year grants	2c	
d	Other	(Describe in Part XIII.)	2d	
е	Add li	ines 2a through 2d		2e
3	Subtra	act line <b>2e</b> from line <b>1</b>		3
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other	(Describe in Part XIII.)	4b	
С	Add li	ines 4a and 4b		4c
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Par	t XII	Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, P		Return N/A
1	Takal			
_	rotai	expenses and losses per audited financial statements		1
2		expenses and losses per audited financial statements		1
	Amou	·	2a	1
а	Amou Donat	ints included on line 1 but not on Form 990, Part IX, line 25:		1
a b	Amou Donat Prior	ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities	2a 2b	1
a b c	Amou Donat Prior Other	ints included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities	2a 2b 2c	1
a b c d	Amou Donat Prior Other Other	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities	2a	1 2e
a b c d	Amou Donat Prior Other Other Add li	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities.  year adjustments.  losses.  (Describe in Part XIII.)	2a 2b 2c 2d	
a b c d e	Amou Donat Prior Other Other Add li Subtra	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities	2a 2b 2c 2d	
a b c d e 3	Amou Donat Prior Other Other Add li Subtra Amou	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities  year adjustments  losses  (Describe in Part XIII.)  ines 2a through 2d.  act line 2e from line 1.	2a	
a b c d e 3 4 a	Amou Donat Prior Other Other Add li Subtra Amou Invest	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities  year adjustments  losses.  (Describe in Part XIII.)  ines 2a through 2d.  act line 2e from line 1.  ints included on Form 990, Part IX, line 25, but not on line 1:	2a	
a b c d e 3 4 a b	Amou Donat Prior Other Other Add li Subtra Amou Invest Other Add li	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities  year adjustments  losses.  (Describe in Part XIII.)  ines 2a through 2d.  act line 2e from line 1.  ints included on Form 990, Part IX, line 25, but not on line 1:  trent expenses not included on Form 990, Part VIII, line 7b.  (Describe in Part XIII.)  ines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3
a b c d e 3 4 a b c 5	Amou Donat Prior Other Other Add li Subtra Amou Invest Other Add li Total	ints included on line 1 but not on Form 990, Part IX, line 25:  ted services and use of facilities  year adjustments  losses.  (Describe in Part XIII.)  ines 2a through 2d  act line 2e from line 1.  ints included on Form 990, Part IX, line 25, but not on line 1:  tment expenses not included on Form 990, Part VIII, line 7b.  (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2023

### SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations**, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

76-0352686 Southgate Foundation Inc Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (d) Amount of cash grant (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of noncash (a) Description of (h) Purpose of grant or government (book, FMV, appraisal, noncash assistance assistance or assistance (1) Southmore Foundation 2222 Bellefontaine St Houston, TX 77030 76-0120857 199,708 0 Program Support (2) Arborlea Study Center 509 Bellah Dr Irving, TX 75062 35-2588860 67,045 0 Development (3) Sheridan Study Center 2222 Bellefontaine St Houston, TX 77030 195,900 0 Development (4) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table.

Part III	<b>Grants and Other Assist</b>	tance to Domestic Individuals.	. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 22. Part III
	can be duplicated if addi	tional space is needed.	· -		

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Special Assistance to Individuals	4	14,575.			
2					
3					
4					
5					
6					
7					

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

## SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Southgate Foundation Inc

Employer identification number

76-0352686

### Form 990, Part I, Line 1 - Organization Mission or Significant Activities

Provide religious and educational services through such specific program activities as classes in Christian doctrine, seminars on professional and social ethics, and other matters of cultural interest: retreats, days of reflection, liturgical services, individual spiritual and moral counseling, etc.

## Form 990, Part III, Line 1 - Organization Mission

Provide religious and educational services through such specific program activities as classes in Christian doctrine, seminars on professional and social ethics, and other matters of cultural interest: retreats, days of reflection, liturgical services, individual spiritual and moral counseling, etc.

## Form 990, Part VI, Line 11b - Form 990 Review Process

An electronic copy of the 990 is emailed to board members for review before filing

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies and financial reports are made available upon request, either printed or by electronic format.