

Return of Organization Exempt From Income Tax

2024

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DEFENDERS FOR CHILDREN Doing business as		D Employer identification number 27-3388956
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1140 WOODRUFF RD STE 106 BOX 108		E Telephone number (864) 787-5679
	City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, SC 29607		G Gross receipts \$ 433,590
	F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: HTTPS://WWW.DEFENDERSFORCHILDREN.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2000	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDING K9S FOR LAW ENFORCEMENT - SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	1
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 394,015	Current Year 418,334
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,256
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	394,015	433,590
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,644	49,559
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	17,949	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	114,424	197,126
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,068	246,685
19 Revenue less expenses. Subtract line 18 from line 12	248,947	186,905	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 431,292	End of Year 618,197
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances. Subtract line 21 from line 20	431,292	618,197

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	ANTOINETTE M CLARK	
	Signature of officer	Date
	ANTOINETTE M CLARK, CEO	
	Type or print name and title	

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS SHEAFFER EA	THOMAS SHEAFFER EA			P01979120
	Firm's name	Firm's EIN		Phone no.	
	WINTERS-SMITH ASSOCIATES LLC			864-243-8922	
	Firm's address				
	1327 MILLER RD STE J GREENVILLE SC 29607				

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