Т	ахр	ayer (Сору					TIN:
Form	Q	0	Return of Orga	anization Exempt Fro	m Inc	ome Tax		OMB No. 1545-0047
)epartr	nent o		Under section 501(c), 527, or 49	47(a)(1) of the Internal Revenue C	ode (exce	ept private foundat	ions)	2022
Treasury Internal Revenue Service			► Do not enter social ► Go to <u>www.irs.gov</u>	Open to Public Inspection				
Fo	r the	e 202 c	alendar year, or tax year beginnir	ng 07-01-2022 , and ending 06-3	30-2023			
Chec	k if ap	oplicable:	C Name of organization FOSTER & ADOPTIVE PARENT ADVOCA	<u> </u>		D Employe	r ident	tification number
	ress c ne cha	change ange				04-3812	274	
	ial ret	urn n/terminate	Doing business as					
) Ame	ended	l return on pendin	Number and street (or P.O. box if mail	is not delivered to street address) Room/	'suite	E Telephone	e numbe	er
			City or town, state or province, countr WASHINGTON, DC 20011	ry, and ZIP or foreign postal code		G Gross rec	eipts \$	655.386
			F Name and address of principal	officer:	H(a)	Is this a group ret		;
			Najiba Hlemi 508 Kennedy St NW		11763	subordinates? Are all subordinate		🗆 Yes 🗹 No
			Suite 303 Washington DC , MD 20011		п(в)	included? If "No," attach a li		Yes No
		npt status	S01(c)(3) □ S01(c)() (in	sert no.) 4947(a)(1) or 527	H(c)	Group exemption		
We	bsit	e:▶ w	ww.dcfapac.org					
Form	of or	ganizatio	n: 🗹 Corporation 🗌 Trust 🗌 Associa	ation 🗍 Other 🕨	L Year	of formation: 2003	M Stat	e of legal domicile: DC
Par	rt I	Sur	nmary					
	1 B	Briefly d	escribe the organization's mission or i					
			mission is to improve the quality of li owering foster, adoptive, kinship, and					
			h programs.	bitti fulfilles. FALAe delleves this t	in ough p			cacy, parent trainings
	_							
	_	<u>.</u>						
			his box \blacktriangleright \Box if the organization discont of voting members of the governing				sets.	6
							4	
		Number of independent voting members of the governing body (Part VI, line 1b)						3
	6							j
	7a -	Total un	related business revenue from Part V		78	a 0		
			elated business taxable income from			71	b 0	
						Prior Year		Current Year
	8	Contrib	utions and grants (Part VIII, line 1h)			654,0	40	655,386
	9	Progran	service revenue (Part VIII, line 2g)				0	0
	10	Investr	ent income (Part VIII, column (A), lin	es 3, 4, and 7d)			18	0
	11	Other re	evenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total re	venue—add lines 8 through 11 (must	equal Part VIII, column (A), line 12)		654,0	58	655,386
	13	Grants	and similar amounts paid (Part IX, col	umn (A), lines 1–3)			0	0
	14	Benefits	paid to or for members (Part IX, colu	umn (A), line 4)			0	0
	15	Salaries	, other compensation, employee ben	efits (Part IX, column (A), lines 5-10)		207,0	57	185,872
	16a	Profess	ional fundraising fees (Part IX, columi	n (A), line 11e)			0	0
	b	Total fun	draising expenses (Part IX, column (D), lin	e 25) ▶0				
1	17	Other e	xpenses (Part IX, column (A), lines 11	la-11d, 11f-24e)		225,6	38	473,184
			penses. Add lines 13–17 (must equal			432,7	05	659,056
	19	Revenu	e less expenses. Subtract line 18 from	n line 12		221,3		-3,670
Fund Balances					Beg	inning of Current Ye	ar	End of Year
lele	20	Total as	sets (Part X, line 16)			470,9	52	483,372
10 13			bilities (Part X, line 26)		\vdash	252,4		218,304
E L			ets or fund balances. Subtract line 21			218,4		265,068
Par			nature Block			- ,		,
			perjury, I declare that I have examin	ed this return, including accompanyir	ng schedu	les and statements	and t	o the best of my
			ief, it is true, correct, and complete. I	Declaration of preparer (other than of	fficer) is t	based on all informa	tion of	f which preparer has
KI	iowle	age.	<**			2023-10-02		
gn			ature of officer			Date		
ere		Najil	oa Hlemi Executive Director					
			or print name and title					
			Print/Type preparer's name	Preparer's signature	Date	Checkif	TIN	
aid						self-employed		
-	are		Firm's name 🕨			Firm's EIN 🕨		
se	On	ly	Firm's address			Phone no.		
							0	
			s this return with the preparer showr				\cup	Yes 🗌 No
r Pa	aperv	work R	eduction Act Notice, see the sepa	rate instructions.	Ca	t. No. 11282Y		Form 990 (2022)

Form	990 (2022	2)			Page 2
Pa	rt III St	tatement of Program Service Acc	omplishments		
	Cł	neck if Schedule O contains a response or	note to any line in this Part III .		🗆
1	Briefly de	escribe the organization's mission:			
	wering fos	n is to improve the quality of life, well-beir ster, adoptive, kinship, and birth families.			
2	Did the o	rganization undertake any significant proc	gram services during the year wh	nich were not listed on	
	the prior	Form 990 or 990-EZ?			🗆 Yes 🗹 No
	If "Yes," o	describe these new services on Schedule (Э.		
3	Did the o	rganization cease conducting, or make sig	nificant changes in how it condu	icts, any program	
	services?				🗌 Yes 🛛 No
	If "Yes," o	describe these changes on Schedule O.			
4	Section 5	the organization's program service accom 01(c)(3) and 501(c)(4) organizations are nue, if any, for each program service repo	required to report the amount o		
4a	(Code: Through o) (Expenses \$ ur mission, FAPAC has supported 1,300 foster ar	including grants of \$ nd kinship families, and 50 youth exiti) (Revenue \$ ng foster care.)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	•	ogram services (Describe in Schedule 0.)			
	(Expense		grants of \$) (Revenue \$)
4e	Total pr	ogram service expenses 🕨	0		

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i ui	Checking of Required Schedules		Yes	Na
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	Yes	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

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Par	t 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		No			
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>						
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No			
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? \ldots .	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		No			
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,</i> Part I	25b		No			
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No			
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No			
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		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
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		No			
29	Did the organization receive more than $25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29		No			
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		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
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		No			
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		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
	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		No			
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		No			
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		No			
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	Yes				
Pa	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						
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c					
		F	orm 99) (20			

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Pa	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
D	not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Image: Comparison of the state			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			<u> </u>
	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b Enter the amount of reserves on hand 13c			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 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		
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.	 F	orm 99	0 (2022)

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Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	
Se	ction A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? \cdot	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			<u> </u>
		1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	status with respect to such arrangements?	16b		
Se 17	status with respect to such arrangements?	16b		

Section 6104 requires an organization to make its Form 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. 18

□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)

Describe in 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. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: Nanjiba Hlemi 508 Kennedy St NW suite 303 Washington DC, DC 20011 (202) 669-8691 20

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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	n 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 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, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related	Positic tha pers	on (do an on on is	(C) o no le bo bot recto) t ch ox, ι h ar or/tr	eck mo inless office ustee)	ore	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	related organizations	
(1) Najiba Hlemi Executive Director	40.00			x	x	х		0	0	0	
(2) Toni Jackson Board Vice Chair	1.00	х						0	0	0	
(3) Donna Flenory Board Chair	1.00	x						0	0	0	
(4) Brian Topping Board Secretary	1.00	x						0	0	0	
(5) Holly Lincoln Board Member		х						0	0	0	
(6) Bernadette Williams Board Treasurer	1.00	х						0	0	0	
										Form 900 (2022)	

(A)(B)(C)(D)(E)Name and titleAveragePosition (do not check moreReportableReportable	0	(=)	
hours per week (list any hours for related	ion ed s (W-	(F) Estima amount c compen from organizat	ated of other sation the
organizations below dotted line)		relat	ed
1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
_d	0		0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000			
of reportable compensation from the organization > 0		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 	3	Yes	
organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>			<u> </u>
Section B. Independent Contractors	5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of of from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	compens	sation	
(A) (B) Name and business address Description of service:	5	(C Comper	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,	000 of		

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Page **8**

Statement of Revenue

		Check if Scheo	lule	O contains	s a respo	onse or note to an	y line in this Part VI			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								revenue	Tevende	512 - 514
nts,	1a	Federated campai	gns	• •	1a	0				
<u>n</u>	b	Membership dues	·	•	1b	0				
Contributions, gifts, grants, and other similar amounts	с	Fundraising event	s.		1c	50,446				
	d	Related organizati	ions		1d					
0,2	е	Government grants (contr	ributions)	1e	234,862				
sin	f	All other contribution	ns, aif	fts, arants,						
it i	-	and similar amounts above	not i	ncluded	1f	370,078				
운형	g	Noncash contribution	ns inc	luded in						
gğ		lines 1a - 1f:\$			1g					
5 õ	h	Total. Add lines 1	a-1f		• •	>	655,386			
						Business Code				
	2a	CFSA Funded Program	ns							
e										
nue	b									
Rev	U									
9	с									
N.										
ő	d									
Program Service Revenue										
log	е									
ē.	£	All other program	conv	ico rovonu						
		Total. Add lines 2								
		Investment income similar amounts)				nterest, and othe	r	0	0	
		Income from invest				ond proceeds	•			
							•			
		,		(i) R		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	_	Rental income	00				_			
	С	or (loss)	6c							
	d	Net rental income	e or ((loss) .		· · · •				
				(i) Secu		(ii) Other				
	7a	Gross amount					_			
		from sales of assets other	7a							
		than inventory								
	b	Less: cost or	7b							
		other basis and sales expenses								
	-	Gain or (loss)	7c							
		Net gain or (loss)								
		Gross income from fu				· · · ▶				
ue		(not including \$		0						
e		contributions reported See Part IV, line 18								
ě	_				8a					
Other Revenue		Less: direct expen								
the	С	Net income or (los	s) fr	om rundra	iising ev	ents 🕨				
0	9a	Gross income from	gami	ing activitie	es.					
		See Part IV, line 19	•	• •	9a					
	b	Less: direct expen	ses		9b					
	с	Net income or (los	s) fr	om gamin	g activit	ies 🕨				
	10a	Gross sales of invention and allowa								
					10a					
		Less: cost of good			10b					
	c	Net income or (los Miscellaneo			of invent	ory 🕨 Business Code				
	11		us r	evenue		Busiliess Coue	_			
	b)								
	с	1								
	d	All other revenue								
		Total. Add lines 1		L1d						
						-				
	12	Total revenue. S	ee ir	istructions	• •	►	655,3	886	0	0 0
										Form 990 (2022)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	. All other organization	ons must complete col	umn (A).
Check if Schedule O contains a response or note to any	/ line in this Part IX			🗆
Do not include amounts reported on lines 6b, /b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	81,936	40,968	40,968	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	82,523	55,589	26,934	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,738	0	3,738	
9 Other employee benefits	3,739	0	3,739	
10 Payroll taxes	13,936	7,076	6,860	
11 Fees for services (non-employees):				
a Management	138,538	78,900	59,638	
b Legal				
c Accounting .	14,793		14,793	
d Lobbying				
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 (A) amount, list line 11g expenses on Schedule O)	0	0	0	
12 Advertising and promotion	8,856		8,856	
13 Office expenses	11,533	251	11,282	
4 Information technology	17,519		17,519	
L5 Royalties				
6 Occupancy	18,551		18,551	
L 7 Travel	5,515	2,673	2,842	
 Payments of travel or entertainment expenses for any federal, state, or local public officials 				
9 Conferences, conventions, and meetings	11,950		11,950	
20 Interest				
21 Payments to affiliates	0.001		0.001	
22 Depreciation, depletion, and amortization	2,281		2,281	
 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 	21,659		21,659	
a Direct Program Expenses	221,989	221,989	0	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	659,056	407,446	251,610	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	,-20	,		
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		68,647	1	91,478
	2	Savings and temporary cash investments .	—	270,017	2	390,674
	3	Pledges and grants receivable, net	_		3	
	4	Accounts receivable, net	120,369	4		
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, substa controlled entity or family member of any of thes	antial contributor, or 35%		5	
	6	Loans and other receivables from other disqualifisection $4958(f)(1)$, and persons described in sec			6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	[8	
	9	Prepaid expenses and deferred charges		1,220	9	1,22
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0			
	b	Less: accumulated depreciation	10b	10,699	10c	
	11	Investments—publicly traded securities .		0	11	
	12	Investments-other securities. See Part IV, line 1	1	0	12	
	13	Investments—program-related. See Part IV, line	0	13		
	14	Intangible assets		0	14	
	15	Other assets. See Part IV, line 11	[0	15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	470,952	16	483,37
	17	Accounts payable and accrued expenses		245,163	17	4,15
	18	Grants payable	0	18		
	19	Deferred revenue	0	19	202,40	
	20	Tax-exempt bond liabilities		0	20	
s	21	Escrow or custodial account liability. Complete Pa	0	21		
LIADIIITIeS	22	Loans and other payables to any current or forme employee, creator or founder, substantial contribu or family member of any of these persons	utor, or 35% controlled entity	0	22	
	23	Secured mortgages and notes payable to unrelate	ed third parties	0	23	
	24	Unsecured notes and loans payable to unrelated to	third parties	0	24	6,15
	25	Other liabilities (including federal income tax, pay and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		7,330	25	5,59
	26	Total liabilities. Add lines 17 through 25	F	252,493	26	218,30
Net Assets or Fund Balances	27	Organizations that follow FASB ASC 958, che complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck here 🕨 🗹 and	218,459	27	265,06
Ba	28	Net assets with donor restrictions		0	28	
P	20			`	20	
IL FUI	29	Organizations that do not follow FASB ASC 9 complete lines 29 through 33. Capital stock or trust principal, or current funds		0	29	
so	30	Paid-in or capital surplus, or land, building or equ		0	30	
Set	31	Retained earnings, endowment, accumulated inco	· _	0	31	
AS			· ·			
et	32	Total net assets or fund balances		218,459	32	265,06
2	33	Total liabilities and net assets/fund balances .		470,952	33	483,37

Form	990 (2022)				Page 12
Pa	rt XI Reconcilliation 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			655,386
					<u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			659,056
3	Revenue less expenses. Subtract line 2 from line 1	3			-3,670
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) \cdot .	4			218,459
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			265,067
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			<u> </u>	Yes	No
	Accounting method used to prepare the Form 990: 🛛 🖸 Cash 🔽 Accrual 🗍 Other				_
1	Accounting method used to prepare the Form 990: 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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,	2b	Yes	
	Separate basis Consolidated basis Both consolidated and separate basis				

		_	
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 in Schedule O and describe any steps taken to undergo such audits.	Зb	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	

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 in Schedule O and describe any steps taken to undergo such audits.	

	Тахр	ayer Copy			TIN:
SC	HED	ULE A	Public Charity Status and Public Suppo	ort	OMB No. 1545-0047
			Complete if the organization is a section 501(c)(3) organization or 4947(a)(1) nonexempt charitable trust.		2022
Treas		of the enue Service	ormation.	Open to Public Inspection	
		he organizati		Employer identi	fication number
FOST	ER & AD	OPTIVE PARENT	ADVOCACY CENTER	04-3812274	
-	rt I		or Public Charity Status (All organizations must complete this part.) S		
The	organiz	ation is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A church, co	nvention of churches, or association of churches described in section 170(b)(1)	(A)(i).	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3		A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4		A medical re name, city, a	search organization operated in conjunction with a hospital described in section 1 and state:	L70(b)(1)(A)(iii).	Enter the hospital's
5			tion operated for the benefit of a college or university owned or operated by a gove A)(iv). (Complete Part II.)	ernmental unit des	cribed in section
6			ate, or local government or governmental unit described in section 170(b)(1)(A	.)(v).	
7	<		tion that normally receives a substantial part of its support from a governmental u D(b)(1)(A)(vi). (Complete Part II.)	nit or from the gen	eral public described in
8		A community	y trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An agricultui non-land gra	ral research organization described in 170(b)(1)(A)(ix) operated in conjunction ant college of agriculture. See instructions. Enter the name, city, and state of the c	with a land-grant c college or university	ollege or university or a
10		from activitie investment i	tion that normally receives: (1) more than 331/3% of its support from contributions es related to its exempt functions—subject to certain exceptions, and (2) no more ncome and unrelated business taxable income (less section 511 tax) from busines ee section 509(a)(2). (Complete Part III.)	than 33 1/3% of its	support from gross
11		An organizat	tion organized and operated exclusively to test for public safety. See section 509((a)(4).	
12		more publicl	tion organized and operated exclusively for the benefit of, to perform the functions y supported organizations described in section 509(a)(1) or section 509(a)(2) through 12d that describes the type of supporting organization and complete line:). See section 509	(a)(3). Check the box
а		organization	upporting organization operated, supervised, or controlled by its supported organiz (s) the power to regularly appoint or elect a majority of the directors or trustees or art IV, Sections A and B.		
b		managemen	supporting organization supervised or controlled in connection with its supported o t of the supporting organization vested in the same persons that control or manag lete Part IV, Sections A and C.		
с		supported or	nctionally integrated. A supporting organization operated in connection with, an rganization(s) (see instructions). You must complete Part IV, Sections A, D, a	nd E.	·
d		functionally	on-functionally integrated. A supporting organization operated in connection wit integrated. The organization generally must satisfy a distribution requirement and . You must complete Part IV, Sections A and D, and Part V.		
e			ox if the organization received a written determination from the IRS that it is a Typer III non-functionally integrated supporting organization.	pe I, Type II, Type	III functionally
f	Enter	r the number o	of supported organizations	_.	0

9 Provide the following information about the supported organization(s).

	Provide the following informat	ion about the si	upporteu organization	5).			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
		•					
Tota	al						
For Paperwork Reduction Act Notice, see the Instructions for				Cat. No. 1128	5F	Schedule	A (Form 990) 2022

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

Sch	edule A (Form 990) 2022						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	o)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed Section A. Public Support	to quality unde	er the tests liste	d below, please	complete Part 1	11.)	
	lendar year	(-) 2010	(1) 2010	(-) 2020	(4) 2021	(-) 2022	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	E20 012	E40.661	624 412	654.040	6EE 206	2 022 412
	membership fees received. (Do not include any "unusual grant.") .	539,913	549,661	624,413	654,040	655,386	3,023,413
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	539,913	549,661	624,413	654,040	655,386	3,023,413
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
-	 Bahlla anna th' Calabra at line E fann						
6	Public support. Subtract line 5 from line 4.						3,023,413
5	Section B. Total Support	1					I
	lendar year	(-) 2010	(1) 2010	(-) 2020	(4) 2021	(-) 2022	
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	539,913	549,661	. 624,413	654,040	655,386	3,023,413
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	0) C	C) 18	3	18
	income from similar sources.						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.).						
11	Total support. Add lines 7 through						3,023,431
12	10 Gross receipts from related activities,	etc (see instructi	ons)			12	<u> </u>
13	First 5 years. If the Form 990 is for t						nization, check
	this box and stop here					▶∪	
S	Section C. Computation of Public						
14	Public support percentage for 2022 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	100.000 %
15	Public support percentage for 2021 Sc					15	81.550 %
16a	a 33 1/3% support test—2022. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			🕨 🗹
Ł	33 1/3% support test-2021. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	/3% or more, chec	k this
	box and stop here. The organization	n qualifies as a pul	olicly supported or	ganization			🕨 🗆
17a	and if the organization meets the "fact	t—2022. If the or ts-and-circumstan	ganization did not ces" test, check th	check a box on line this box and stop h	ne 13, 16a, or 16t 1ere. Explain in Pa	o, and line 14 is 10 art VI how the org)% or more, anization
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	publicly supported	d organization		Þ 🗆
b	10%-facts-and-circumstances tes more, and if the organization meets t						
18	meets the "facts-and-circumstances" Private foundation. If the organizati						► 🗆
	instructions		<u></u> .				► 🗆
						Schedule A (Form 990) 2022

Schee	dule A (Form 990) 2022						Page 3
Pa	art III Support Schedule						
	(Complete only if yo						under Part II. If
50	the organization fails ection A. Public Support	s to quality unde	er the tests liste	ed below, please	e complete Part	11.)	
	endar year		T				<u> </u>
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that a	ire					
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the organization's benefit and either pa	id					
	to or expended on its behalf.						
5	The value of services or facilities						
	furnished by a governmental unit to	D					
-	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b							
-	received from other than disqualifie	ed					
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line	e					
-	13 for the year.						
8	Add lines 7a and 7b Public support. (Subtract line 7c						
0	from line 6.)						
Se	ection B. Total Support						
	endar year						<u> </u>
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties ar	nd					
b	income from similar sources Unrelated business taxable income	,					
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated busines						
	activities not included on line 10b, whether or not the business is						
	regularly carried on.						
12							
	or loss from the sale of capital						
	assets (Explain in Part VI.) .						
13	Total support. (Add lines 9, 10c,						
14	11, and 12.) First 5 years. If the Form 990 is for	or the organization	n's first, second t	hird, fourth or fif	fth tax year as a s	ection $501(c)(3)$	organization check
14	•	-					
	this box and stop here						
	ection C. Computation of Publ Public support percentage for 2022			12 column (f)			
15							
16	Public support percentage from 202	21 Schedule A, Pai	rt III, line 15			16	
Se	ection D. Computation of Inve						
17	Investment income percentage for	2022 (line 10c, c	olumn (f) divided	by line 13, colum	nn (f))	· 17	
18	Investment income percentage fror	n 2021 Schedule	A, Part III, line 17	7		18	
	33 1/3% support tests-2022. If t						l line 17 is not
19d	more than 33 1/3%, check this box						
b		the organization	he organization qu did not check a be	annes as a public an line 14 or lir	ne 19a and line 1	6 is more than 33	F U
D	••	-					
20	not more than 33 1/3%, check this	-	-		,	•	
20	Private foundation. If the organiz	ation did not cheo	ck a box on line 14	4, 19a, or 19b, ch	neck this box and s		► □ A (Eorm 990) 2022

Schedule A (Form 990) 2022

Part IV	Supporting	Organizations
Fally	Subboluliu	

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990) 2022

No

Yes

1

2

3a

Зb

Зc

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9с

10a

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	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 11c below, the governing body of a supported organization?			
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI	11c		
	V1.			

Section B. Type I Supporting Organizations

- Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

Section 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 D. All Type III Supporting Organizations

Costion C. Tuno II Cunnerting 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	e		
	documents in effect on the date of notification, to the extent not previously provided?			
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 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 E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :
 - a 🖳 The organization satisfied the Activities Test. Complete line 2 below.

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

2 Activities Test. Answer lines 2a and 2b below.

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - **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 Schedule A (Form 990) 2022

2a

2b

3a

Yes

No

Yes

1

2

No

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	Section B - Minimum Asset Amount	<u>.</u>	(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):	1		
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		
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated	1509(a)(3) Supporting	Organizatio	ns (ontinue	d)
Section D - Distributions		organizatio	113 (1		Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1		
 Amounts paid to perform activity that directly furthers organizations, in excess of income from activity 			2		
3 Administrative expenses paid to accomplish exempt put	rposes of supported organization	ons	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructi	ons		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to whether details in Part VI). See instructions	nich the organization is respons	sive (<i>provide</i>	8		
9 Distributable amount for 2022 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	Underdis	ii) tribut 2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2022 from Section C, line 6					
 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions. 					
3 Excess distributions carryover, if any, to 2022:					
a From 2017					
b From 2018					
c From 2019					
d From 2020					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2022 distributable amount					
 Carryover from 2017 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2022 from Section D, line 7:					
 a Applied to underdistributions of prior years 					
b Applied to 2022 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 					
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2022. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2018					
b Excess from 2019					
c Excess from 2020					
d Excess from 2021					
	1				

Schedule A (Form 990) (2022)

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).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990) 2022

	Taxpayer Cop	y .					TIN:
SCI	HEDULE D	Supplemen	Ital Financial Statem	onte		OM	IB No. 1545-0047
(For	m 990)						2022
		Complete if the or Part IV, line 6, 7, 8, 9, 3	ganization answered "Yes," on F LO, 11a, 11b, 11c, 11d, 11e, 11f,	orm 990, 12a, or 12l	b .	4	
Depa Treas	rtment of the surv		Attach to Form 990. 1990 for instructions and the late			0	pen to Public Inspection
Interr	nal Revenue Service		1990 IOI Instructions and the lat				
	me of the organi STER & ADOPTIVE PA	ization RENT ADVOCACY CENTER			mploy 4-3812	yer identifica 2274	tion number
Pa		zations Maintaining Donor Advi te if the organization answered "Ye			ccou	ints.	
	complet		(a) Donor advised funds		(b)) Funds and ot	her accounts
1	Total number at e	end of year					
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	of grants from (during year)					
4	Aggregate value	at end of year					
5		ation inform all donors and donor advisc roperty, subject to the organization's ex			ed fund	ds are the	🗌 Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and do uses and not for the benefit of the donor	or donor advisor, or for any other p	ourpose confe			
D -	•			•••			🗌 Yes 🗌 No
Ра		vation Easements. te if the organization answered "Ye	s" on Form 990, Part IV, line 7.				
1		onservation easements held by the orga					
	Preservatio	on of land for public use (e.g., recreation	n or education)	ion of an hist	oricall	ly important la	ind area
		of natural habitat				istoric structur	
	0	on of open space					-
2		2a through 2d if the organization held a	qualified conservation contribution i	in the form o	faco	nconvotion	
2		e last day of the tax year.	qualified conservation contribution	in the form o			nd of the Year
а	Total number of	conservation easements		2a			
b	Total acreage res	stricted by conservation easements		2 b	,		
с	Number of conse	ervation easements on a certified histori	c structure included in (a)	. 20	:		
d		ervation easements included in (c) acqu n the National Register	red after 7/25/06, and not on a hist	toric 2d			
3	Number of conse tax year ►	ervation easements modified, transferre	d, released, extinguished, or termir	nated by the	organ	ization during	the
4	Number of state	s where property subject to conservation	n easement is located >				
5		zation have a written policy regarding the conservation easements it hold		nandling of vi	olatio	ns,	s 🗌 No
6	Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of violations, and enf	forcing conse	rvatio	on easements o	during the year
7	Amount of expenses •	nses incurred in monitoring, inspecting,	handling of violations, and enforcin	g conservatio	on eas	sements during	g the year
8		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			n)(4)(E	B)(i)	s 🗌 No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the 's accounting for conservation easemen	footnote to the organization's finan	nd expense icial stateme	staten nts tha	nent, and at describes	
Par		zations Maintaining Collections			Simil	lar Assets.	
1a		te if the organization answered "Ye on elected, as permitted under FASB AS	· · · ·		nd hale	ance sheet wo	rks of art
та	historical treasu Part XIII, the te	res, or other similar assets held for pub xt of the footnote to its financial statem	lic exhibition, education, or research ents that describes these items.	n in furtherar	nce of	public service	, provide, in
b	historical treasu following amoun	on elected, as permitted under FASB AS res, or other similar assets held for pub its relating to these items:	lic exhibition, education, or research	n in furtherar	nce of	public service	, provide the
((i) Revenue includ	ed on Form 990, Part VIII, line 1			.)	►\$	
		in Form 990, Part X					
2	If the organizati	on received or held works of art, historints required to be reported under FASB	cal treasures, or other similar assets				
а	Revenue include	ed on Form 990, Part VIII, line 1)	▶\$	
b	Assets included	in Form 990, Part X				▶\$	
For	Paperwork Redu	iction Act Notice, see the Instructio	ns for Form 990.	Cat. No. 522	283D	Schedule D	(Form 990) 2022

U	Assets included in Form 550, Fart X.		<u> </u>		
or P	aperwork Reduction Act Notice, se	e the Instructions fo	or Form 990.	Cat. No. 52283D	Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022							Page 2
Par	t III Organizations Maintaining Co	ollections of Art, Histori	ical T	reasures, o	r Othe	er Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records, check	any of	the following	that are	e a significant	use of its	collection
а	Public exhibition	d		Loan or exch	ange pr	rograms		
b	Scholarly research	e		Other				
с	Preservation for future generations							
4	Provide a description of the organization's corport XIII.	ollections and explain how the	ey furt	her the organi	zation's	exempt purp	ose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t	or receive donations of art, hi to be maintained as part of the total section of total	istorica ne orga	al treasures or anization's coll	other s ection?.	imilar	🗌 Ye	s 🗌 No
Pa	rt IV Escrow and Custodial Arrang Complete if the organization ans line 21.		, Part	IV, line 9, o	r repor	ted an amou	unt on Fo	orm 990, Part X,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						🗌 Yes	s 🗌 No
b	If "Yes," explain the arrangement in Part XII	II and complete the following	table:				Amount	
с	Beginning balance				1c			
d	Additions during the year \ldots \ldots \ldots \ldots				1d			
е	Distributions during the year \ldots \ldots .				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	Form 990, Part X, line 21, for	escrov	v or custodial a	account	liability?	🗌 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XII	 Check here if the explanation 	ion has	s been provide	d in Par	tXIII	. 🗆	
Pa	art V Endowment Funds.		. .	D/ 10				
	Complete if the organization ans		, Part Prior ye		vears ba	ick (d) Three y	ears back	(e) Four years back
1a	Beginning of year balance				,			
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur Board designated or guasi-endowment	rent year end balance (line 1	g, colu	mn (a)) held a	as:			
b	Permanent endowment >							
c	Term endowment 🕨							
-	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse organization by:	ession of the organization tha	t are h	eld and admir	istered	for the		Yes No
	(i) Unrelated organizations		•••					(i)
b	(ii) Related organizations		 dule R	· · · ·				(ii) ib
4	Describe in Part XIII the intended uses of th							
Pa	rt VI Land, Buildings, and Equipme	ent.						
	Complete if the organization ans							
	Description of property (a) Cost or oth (investme		pasis (c	(c) Acc	umulated	depreciation	(d) Book value
1a	Land							
b	Buildings							
с	Leasehold improvements							
d	Equipment							
P								_
	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, colu	ımn (B), line 10(c).)		•		

Schedule D (Form 990) 2022

Schedule D ((Form 990) 2022				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Dart IV	ling 11h Soo	Form 000 P	art V lino 12
	(a) Description of security or category (including name of security)	(b) Bool value	< C	(c) Method	d of valuation: year market value
(1) Financia(2) Closely-(3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	art IV	, line 11c. See (b) Book value	e (c) Method of valuation:
(1)				Cost oi	r end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV.	line 11d. See F	orm 990. Par	t X. line 15.
	(a) Description				(b) Book value
(1)					
(2)					
(3)					
(4) (5)					
(5)					
(6) (7)					
(7)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa		line 11e or 11		990, Part X, line 25.
1. (1) Federal	(a) Description of liability income taxes				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Scheo	lule D (Form 990) 2022				Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			Return.	
1	Total revenue, gains, and other support per audited financial statements .			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d	·		2e	
3	Subtract line 2e from line 1	·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
с				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 Stater Complete if the organization answered 'Yes' on Form 990, Par			Retur	n.
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	·		2e	
3	Subtract line 2e from line 1	·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .	I		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.) .		5	
	t XIII			<u> </u>	
Su	pplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Pa	rt IV, lines 1b and 2b; Par	t V, line	4; Part X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				

Return Reference

Explanation

Schedule D (Form 990) 2022

Taxpayer Copy					TIN
SCHEDULE G	Supp	lemental l	nformation Reg	arding	OMB No. 1545-0047
Form 990)	Fun	draising o	or Gaming Activ	/ities	2022
	Complete if the organ	ization answered "	res" on Form 990, Part IV, line than \$15,000 on Form 990-E	es 17, 18, or 19, or if the	Open to Public
Department of the Treasury nternal Revenue Service	Go to wa		Form 990 or Form 990-EZ. 9 for instructions and the lates	t information.	Inspection
lame of the organization OSTER & ADOPTIVE PAREN				Employer id	entification number
	TADVOCACT CENTER			04-3812274	
		-		Form 990, Part IV, line	17.
	filers are not required		•		
_	organization raised funds	through any of t	he following activities. Che		
a A Mail solicitations				on-government grants	
b Internet and emai				overnment grants	
c Phone solicitations			g Special fundrais	sing events	
d 📋 In-person solicitat	ions				
			individual (including office ection with professional fu	$i \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot - \cdot - \cdot \cdot \cdot \cdot \cdot \cdot - \cdot - \cdot \cdot \cdot \cdot \cdot \cdot \cdot - \cdot - \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot - \cdot \cdot$	res 🗆 No
b If "Yes," list the 10 hig	ghest paid individuals or	entities (fundraise	•	ts under which the fundrais	
to be compensated at	least \$5,000 by the orga	anization.			
(i) Name and address of individual	f (ii) Activity	(iii) Did fundraiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		custody or control of	nom detivity	fundraiser listed in col. (i)	organization
		contributions?			
		Yes No			
otal					
3 List all states in which t	he organization is registe	red or licensed to	solicit contributions or ha	s been notified it is exempt	from registration or

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

Schedule G (Form 990) 2022

Gala for Foster Care (event type) Holday Event (event type) (total number) col. (c) 1 Gross receipts . 25,023 25,422 50,445 2 Less: Contributions . . 0 3 Gross income (line 1 mumber) 0 0 4 Cash prizes . . 0 5 Noncash prizes . . 0 6 Stancash prizes . . 0 5 Noncash prizes . . 0 6 Bent/facility costs . . . 0 9 Other direct expenses . . . 0 9 Other direct expenses . . . 0 9 Other direct expenses 9 Other direct expenses 9 Other direct expense summary. Add lines 4 through no lounum (d) . .			(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
90002 1 Gross receipts 25,023 25,422 50,445 2 Less: Contributions 0 0 0 3 Gross ince (line 1 minus 25,023 25,422 0 50,445 9 Gross ince (line 1 minus 25,023 25,422 0 50,445 9 Gross ince (line 1 minus 25,023 25,422 0 50,445 9 Gross ince (line 1 minus 1 1 0 0 9 Gross incent (line 1 minus 15,654 11,931 27,783 9 Other direct expenses 15,854 11,931 27,783 9 Other direct expenses 15,854 11,931 27,783 9 Other direct expenses 15,854 11,931 27,783 9 Other direct expenses 15,001 0 1,325 9 Other direct expenses 10 Other direct expenses 1,325 9 Other direct expenses (a) Bingo (b) Puil tabe//netret (c) Other gaming (d) Total geming (dd otil) 9 Other direct expenses (a) Bingo (b) Puil tabe//netret (c) Other gaming (d) Total geming (dd otil) <th></th> <th></th> <th></th> <th></th> <th></th> <th>(add col. (a) through col. (c))</th>						(add col. (a) through col. (c))
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2 Less: Contributions						
2 Less: Contributions		1 Gross receipts	25 023	25 422		50 445
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Seed 0 5 Noncash prizes 0 6 Rent/facility costs 5,100 0 7 Food and beverages 15,854 11,931 27,785 9 Other direct expenses 6,318 7,986 16,304 10 Direct expense summary. Subtract line 10 from line 3, column (d) . . 49,189 11 Natic come summary. Subtract line 10 from line 3, column (d) . . . 49,189 11 Rent/facility costs 49,189 11 Rentore summary. Subtract line 10 from line 3, column (d) . <t< th=""><th></th><th>4 Cash prizes</th><th></th><th></th><th></th><th>0</th></t<>		4 Cash prizes				0
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11 Net income summary. Subtract line 10 from line 3, column (d) 1,256 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Cost of tabs (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) No (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Rent/facility costs (b) Pull tabs/Instant (c) Pull tabs/Instant (c) Pull tabs/Instant 1	ā			7,986		
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Output (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 1 Gross revenue (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 2 Cash prizes (a) (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 3 Noncash prizes (a) (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 3 Noncash prizes (a) (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add col. (a) through col. (c)) 4 Rent/facility costs (a) (a) (a) (a) (a) (a) (b) (c)						
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Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? Image: Construction of the state of the organization is gaming activities in each of these states? 10 Were any of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the state of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the organization is gaming licenses revoked, suspended or terminated during the tax year? Image: Construction of the organization is gaming licenses revoke	Pai		nization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
2 Cash prizes	le			(b) Pull tabs/Instant		(d) Total gaming (add col
2 Cash prizes	ent		(a) Bingo		(c) Other gaming	
2 Cash prizes	Rev	-				
4 Rent/facility costs .		1 Gross revenue				
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b Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," explain:						
b Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," explain:	irec	4 Rent/facility costs				
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7 Direct expense summary. Add lines 2 through 5 in column (d)			□ Yes%_	☐ Yes%	☐ Yes%	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)		6 Volunteer labor	🗌 No	□ No	🗌 No	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)			rough E in column (d)			
 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 		7 Direct expense summary. Add lines 2 tim				
 a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 		8 Net gaming income summary. Subtract I	line 7 from line 1, colum	n (d)	🕨	
b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .	9	Enter the state(s) in which the organization	n conducts gaming activi	ties:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	а					🗌 Yes 🗌 No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .	b					
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .						
b If "Yes," explain:	10a	Were any of the organization's gaming lice	nses revoked, suspended			
	b					
Schedule G (Form 990) 2022						
					Schodulo C /	orm 990) 2022

Sche	dule G (Form 990) 2022					Page 3
11	Does the organization conduct	gaming activities with nonmembers	;?		· 🗌 Yes	
12	Is the organization a grantor, b formed to administer charitable		member of a partnership or other entir	ty 	_	
13	Indicate the percentage of gam	ing activity conducted in:		1		
а	The organization's facility .			. 1	3a	%
b	An outside facility			. 1	3b	%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books	and reco	rds:	
	Name 🕨 🛛					
15a	Address 🕨		m the organization receives gaming			
b	If "Yes," enter the amount of g		anization 🕨 \$	and the	· 🗌 Yes	U No
с	If "Yes," enter name and addre	ss of the third party:				
	Name 🕨 👘					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	n▶\$				
	Description of services provided	ı►				
	Director/officer	Employee	Independent contractor			
17 a		der state law to make charitable dis ?	stributions from the gaming proceeds t		· 🗌 Yes	
b			ited to other exempt organizations or s	spent		
Dar		pt activities during the tax year	* ions required by Part I, line 2b, co	lumne (i	ii) and (y)	and Part
۳d١			icable. Also provide any additional			
	Return Reference		Explanation			
		I		Schedule	G (Form 990) 2	2022

Taxpayer Copy			TIN:
			OMB No. 1545-0047
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information	ons on	2022
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		Open to Public Inspection
Name of the organization		Employer identi	fication number
FOSTER & ADOPTIVE PARENT AD	VOCACY CENTER	04-3812274	

	04-3812274				
Return Reference	Explanation				
Part VI, Line 11b	Provided to the board during board meeting, and then voted on to submit.				
Part VI, Line Requests are received through email, and from there they are provided requested documents. 19					
For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990) 2	2022			