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PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

ONID NO. 1343-0047
2022
Open to Public Inspection

<u>A</u>	ror the	e 2022 calendar year, or tax year beginning	and	enaing		
В	Check if applicabl	C Name of organization JEWISH ADOPTION AND FA	MILV CARE OPTION	ıs	D Employer identif	ication number
	Addre		iidi cime oi iion	,		
	Name chang				46-40210	99
	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone number	er
	Final return	4200 N. UNIVERSITY DRI	/E		610-525-	1040
	termir ated		ZIP or foreign postal code		G Gross receipts \$	1,034,432.
	Amen return	SONKISE, FL 33331			H(a) Is this a group r	
	Application	F Name and address of principal officer: DAN			for subordinates	s? Yes X No
	pendi	4200 N. UNIVERSITY DRIV.		<u>33351</u>	H(b) Are all subordinates i	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions
	Websi				H(c) Group exemption	
	Form of art I	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 2013	M State of legal domicile: PA
_		Briefly describe the organization's mission or most	significant activities: TO P	ROVIDE	CARE TO AB	USED
ė	'	NEGLECTED, AND SPECIAL NE				00007
nan	2		ntinued its operations or dispos			sets.
Ş	3	Number of voting members of the governing body	•		3	11
မ	4	Number of independent voting members of the go				11
ος (1)	5	Total number of individuals employed in calendar y				9
/itie	6	Total number of volunteers (estimate if necessary)				11
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co			7a	
_	<u>b</u>	Net unrelated business taxable income from Form	990-T, Part I, line 11	······		
<u>o</u>					Prior Year	Current Year
	8				364,255.	539,950.
Revenue	9				1,150.	3,200.
ě	10	Investment income (Part VIII, column (A), lines 3, 4			0.	0.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			457,716.	407,134.
		Total revenue - add lines 8 through 11 (must equal			823,121.	950,284.
	1	Grants and similar amounts paid (Part IX, column (\ II		5,829. 0.	7,566.
	1	Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		523,720.	
Ses	15	Salaries, other compensation, employee benefits (I Professional fundraising fees (Part IX, column (A), I			0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), lin	60.0	54.		
ž	17	Other expenses (Part IX, column (A), lines 11a-11d			198,775.	181,826.
		Total expenses. Add lines 13-17 (must equal Part I			728,324.	719,770.
	1	Revenue less expenses. Subtract line 18 from line			94,797.	230,514.
or	G		·-		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			121,978.	562,826.
ASS	21	Total liabilities (Part X, line 26)			6,057.	216,391.
<u>R</u>	22	Net assets or fund balances. Subtract line 21 from	line 20		115,921.	346,435.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return				y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wl	hich preparer	has any knowledge.	
		Cianatura of officer			Doto	
Sig		Signature of officer	TITE OFFICER		Date	
He	re	SARAH FRANCO, CHIEF EXECU' Type or print name and title	TIVE OFFICER			
			Dona and a decade of	Tr	Date Check [PTIN
De:	d	Print/Type preparer's name HARRY E. HARP, CPA	Preparer's signature	'	if	
Pai Pro	o parer	Firm's name MSL, P.A.			self-emplo Firm's EIN 5	9-3070669
	Only	Firm's address 255 S. ORANGE AVE	FITH SEIN J	3 3010003		
030	Jilly	ORLANDO, FL 32801	NUE, SUITE 600		Phone no. (4	07) 740-5400
Ma	v the II	RS discuss this return with the preparer shown abo	ve? See instructions		Triidile IId. (=	X Yes No
ivia	y 111 0 11	LIA For Donomical Deduction Act Notice	vo: 0ee iiistructioris			

including grants of \$

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$ _)
	, (2,4,5,1,5,5,5,5, ±		, (,
	OH	Nelson de la ON		
4 d	Other program services (Describe on S		.	
		including grants of \$) (Revenue \$)
40	(Expenses \$) (Revenue \$)

(Code:) (Expenses \$

Form 990 (2022)

_____) (Revenue \$ __

<u>Page</u> **3**

INC

Part IV | Checklist of Required Schedules

46-4021099

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 X **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

Form 990 (2022)

Pierri W Checklist of Required Schedules (continued) Vest No	Form	990 (2022) INC. $46-402$	1099	Р	age 4
Very No Part N, Column (A), line 27 it /*vis*, complete Schedule (, Part) and (ii)	Par	t IV Checklist of Required Schedules (continued)			
22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, columnia (A), line 27 if yes,** complete Schedule 1. Part I and III. 24 Did the organization answer "Yes,** to Part VII, Section A, line 3, 4, or \$1, about compensation of the organization's current and former offerer, directions, frustees, key employees, and highest compensation of more than \$100,000 as of the size of the year, that was issued after December 31, 2002? If "Yes,** answer lines 2th through 2xld and complete Schedule K. If "No." go to line 25a. 24b Did the organization maintan an escrive account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization maintan an escrive account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year of decase any tax-exempt bonds? 26d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during they are of decase any tax-exempt bonds? 27d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 27d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 28d Section 50 (10(3), 501(c)4), and 501(c)(29) organizations. Did the organization give a section with a disqualided person during the year? If "yes," complete Schedule L. Part I! 28d Did the organization anyword text if engagged in an excess benefit transaction with a disqualided person of in a prior year, and that the transaction has not been reported on any of the organizations prior forms 900 or 900-E27 If "yes," complete Schedule L. Part II. 28d Did the organization approved are in organization and prior to a section or part of the assistance of the organization and prior to a business transaction with the organization prior decay and rot of the assista				Yes	No
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part I 25 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 Former 950 or 950 E27. If "Yes," complete Schedule L, Part I 25 Did 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 Former 950 or 950 E27. If "Yes," complete Schedule L, Part II 26 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 35% controlled entity femburgs are threeofy of raminy member of any of these persons? If "Yes," complete Schedule L, Part II 27 Z 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization as party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Laward for former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 Did the organization includets, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization includets, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 D		any tax-exempt bonds?	24c		
b is the organization ware 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 990E2? If "Yes," complete Schedule L, Part I	d		24d		
b is the organization ware 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 990E2? If "Yes," complete Schedule L, Part I	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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 980 or 990-E27 "Yes," complete Schedule L, Part I 250 bill 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, or substantial contributor? If "Yes," complete Schedule L, Part IV 288 X 28			25a		Х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // If "Yes," complete Schedule L, Part II 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // Yes," complete Schedule L, Part IV 28 D A family member of any individual described in line 28a° // If "Yes," complete Schedule L, Part IV 28 D Id the organization receive more than \$25,000 in non-cash contributions? // Yes," complete Schedule I, Part IV 29 D Id the organization receive more than \$25,000 in non-cash contributions? // Yes," complete Schedule N, Part I 30 Did the organization is eli, exchange, dispose of, or transfer more than 25% of its net assets? // Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 3	h				
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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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, furustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity findulding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 18 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 18 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 18 28a X 28b X 28c X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III. Part IV 28c X 29b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule III. Part IV 29c X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 31 Did 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 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 2 37 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an en			25h		x
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28 A Signature of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 28 A Signature of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 A X 34 Was the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section \$01(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "	26	,	230		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II critiste, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III. 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 Did the organization netlated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V Iiine 2 33 Did the organization have a controlled entity wit	20				1
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 any of these persons? if "resp." complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): 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): 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization or everieve contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.77012 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Part IV, Iine 2 33 Did the organization organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R, Par					v
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," organization complete Schedule L, Part IV			26		
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## "Yes," complete Schedule L, Part IV. 28a	27				
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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization individual, eterminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. 32 Did the organization readed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501c(X) organizations. Did the organization make any transfers to an exempt					l
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? #* "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ## "Yes," complete Schedule L, Part IV. 28b		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 28b X 28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 II, III, or IV, and Part V, line 1 31 Part V, line 1 32 Did 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 V in Schedule R, Part V in Schedule R, Part V in Sch	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization is liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 31 Did 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 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization. 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 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 Section 501(c)(3) organizations. Did the organization on schedule O for Part VI, lines 11b and 19? 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O 39 Did the organization complete Schedule O and provide explanations on Schedule O for P		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions?" If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?" If "Yes," complete Schedule M 30 X 31 Did the organization (iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)? 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 38 Did the organization complete Schedule O, part V, Iine 2 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, Iines 11b and 19? Note: All Form 990 filers are required to compl	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 X 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part VI, line 2 37 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. Part 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 10 Did the organization comply with backup withholding		"Yes," complete Schedule L, Part IV	28a		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 I 33 Did 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 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," 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 Part 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 10 Enter the number of Forms W-2G included on line 1a. Enter -0 if not applicable 11 Did to organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 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 II 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III, or IV, and Part V, line 1 33 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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)(3)? If "Yes," complete Schedule R, Part V, line 2 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 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 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 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 X 10 Did the organization organized to complete Schedule O in this P					
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			28c		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 11 bid the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 12 bid 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 II 13 bid the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 13 bid the organization have a controlled entity within the meaning of section 512(b)(13)? 14 bid the organization have a controlled entity within the meaning of section 512(b)(13)? 15 bid the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 16 bid 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 Iines 11b and 19? 16 Very Statements Regarding Other IRS Filings and Tax Compliance 17 Check if Schedule O contains a response or note to any line in this Part V 18 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19 c bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	29				
contributions? If "Yes," complete Schedule M 30		•			
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			30		x
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	31	Did the organization liquidate terminate or dissolve and cease operations? If "Voc." complete Schodule N. Port I			
Schedule N, Part II 32			131		
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	32	•	20		y
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	22		32		
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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 55a Section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35a X 35a X 35a X 35a X 35a X 35b Section 501(c)(3) organization so. Did the organization make any transfers to an exempt non-charitable related organization? 36a X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 18 Enter the number reported in box 3 of Form 1096. Enter ·0· if not applicable 19 Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable 20 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 38 (gambling) winnings to prize winners?	33				v
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	٠.		33		$\vdash $
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 V! 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 Check if Schedule O contains a response or note to any line in this Part 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 Part V Senter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 35a X X Section 501(c)(3) organization with a controlled entity and that is controlled entity and that is reated organization? B V Yes No 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	34		1	v	1
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 V 37 X X 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				Λ	177
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		• • • • • • • • • • • • • • • • • • • •	35a		├ <u>^</u>
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	b				1
If "Yes," complete Schedule R, Part V, line 2 36			35b		—
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 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 Part 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
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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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the complete Schedule O contains a response or note to any line in this Part V The image of the complete Schedule O complete Schedule O The image of the complete Schedule O complete Schedule O The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the image of the complete Schedule O The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the complete Schedule O for Part VI, lines 11b and 19? The image of the c	37				
Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the schedule of the schedul		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	38				1
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1a 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Par	TV Statements Regarding Other IRS Filings and Tax Compliance	_	_	_
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	L		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	_		וֹכ		
(gambling) winnings to prize winners?					
	3		1c	Х	
	232004				(2022)

Page 5 INC. 46-4021099 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	9					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		Х		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority	over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)	?	4a		X		
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts	(FBAR).					
				<u>5a</u>		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organi	zation solicit			7,7		
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			١.,				
_	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).	vione pro	wided to the never	7-		Х		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a				
				7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		Х		
ч		7d		76		- 22		
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х		
f								
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		as required?	7f 7g		Х		
•	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h				
	sponsoring organization have excess business holdings at any time during the year?			8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_				
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	11a		4				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b		-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	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?			120				
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a				
h	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						
c	Enter the amount of reserves on hand	13c						
				14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		Х		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income	?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

232005 12-13-22

Form **990** (2022)

Form 990 (2022)

INC.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\,\,\,\,\,\,FL$ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SARAH FRANCO - 954-749-7230 4200 N. UNIVERSITY DRIVE, SUNRISE. FL33351

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

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

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

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

Check this box if neither the organi. (A)	(B) (C)				(D)	(E)	(F)			
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	than o	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		yoldı	st con	_	1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SARAH FRANCO	10.00		_							
CHIEF EXECUTIVE OFFICER	30.00			Х				0.	541,526.	24,000.
(2) JILL LAPENSOHN	40.00									
EXECUTIVE DIRECTOR				Х				122,461.	0.	27,000.
(3) LINDA BRODIE	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(4) MARK TAPLINGER	1.00								_	_
VICE CHAIR/TREASURER		Х		Х				0.	0.	0.
(5) MICHAEL SIMON	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(6) DEBBIE CASNOFF	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(7) AMY CHIPETZ	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(8) MARCI LANGLEY	1.00									•
DIRECTOR	1.00	Х						0.	0.	0.
(9) DAVID LEVY	1.00	3,7							_	0
DIRECTOR (10) MANDEGE DI ONG	1 00	Х						0.	0.	0.
(10) MAURICE PLOUGH DIRECTOR	1.00	v						0.	0.	0.
(11) TERRY AUERBACH	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) LOUISE ALLEN	1.00	77						0.		0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) RANA BELL	1.00							•		•
DIRECTOR	1.50	х						0.	0.	0.
(14) RIVKAH HALPERN	1.00	<u> </u>								
DIRECTOR	7.0	Х						0.	0.	0.
(15) DAVID KAPLAN	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
						1		1		

Form 990 (2022)

Form 990 (2022) INC.									46-4	<u>021</u>	<u> ე99</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	erage Position (do not check more than obox, unless person is both			n an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	am	(F) timate nount other	of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	sc/	fronga orga and	pensa om th anizat d relat anizati	e ion ed
1b Subtotal								122,461.	541,5	26.	5	1,0	00.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A	· · · · · · · · · · · · · · · · · · ·					 	0. 122,461.	541,5	0. 26.		1,0	0.
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on	ſ		163	NO
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	accrue compen	nsatio	on fi	om a	any	unre	elate	ed organization or individ	dual for services				37
rendered to the organization? f "Yes," com	plete Schedule	<u> </u>	or su	ıch r	oers	on .				<u></u>	5		X
Complete this table for your five highest contains the second secon	•	•							•	pensat	ion fro	om	
the organization. Report compensation for the (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.		(C	••	
Name and business	address	NC	ONE	3				Description of s	ervices	С	omper		n
							\dashv						
										1			

Form **990** (2022)

Total number of independent contractors (including but not limited to those listed above) who received more than

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			Check if Schedule O contains a response	or note to any line	a in this Part VIII			
			Check if Schedule O contains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) 1a 1b 1c Related organizations 1d 1d	90,000.				30010113 012 014
Sontribution of the control of the c	,	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	449,950.	539,950.			
0 10	'	<u></u>	Total: Add lines 1a 11	Business Code	333,3331			
	_	_	CLIENT FEES	624100	3,200.	3,200.		
ice	2 :			024100	3,200.	3,200.		
er v		b						
S	١ ٠	С						
an		d						
Program Service Revenue		е						
Pr	1	f	All other program service revenue					
			Total. Add lines 2a-2f		3,200.			
	3		Investment income (including dividends, intere					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	i i				
				1				
	5		Royalties (i) Real	(ii) Personal				
				(II) Personal				
	6		Gross rents 6a					
	ı	b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
	(d	Net rental income or (loss)					
	7 :	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		h	Less: cost or other basis					
Ф		~	and sales expenses 7b					
nu		_						
Revenue			. ,					
			Net gain or (loss)					
Other	8 :	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	491,282.				
	١.			84,148.				
					107 121			407,134.
			Net income or (loss) from fundraising events		407,134.			407,134.
	9 (а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses9b					
	(С	Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns and allowances					
	ı	b	Less: cost of goods sold10k					
	(С	Net income or (loss) from sales of inventory					
				Business Code				
snc	11 :	а						
nec		b						
əlla		c						
Miscellaneous Revenue			All other revenue					
Σ	'		Total. Add lines 11a-11d					
		<u>e</u>			950,284.	3,200.	0	407,134.
	12		Total revenue. See instructions		JJU, 404 •	J,400•	ı .	<u> </u>

46-4021099 Page 10

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	,	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	F 566			
	individuals. See Part IV, line 22	7,566.	7,566.		
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,	100 655	102 655		
	trustees, and key employees	103,655.	103,655.		
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	315,166.	235,589.	41,883.	37,694.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,816.	3,091. 87,270.	382.	343. 9,697.
9	Other employee benefits	107,741.	87,270.	10,774.	9,697.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С		3,875.	3,100.	775.	
d					
е					
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)	2,774.	2,219.	555.	
12	Advertising and promotion				
13	Office expenses	36,149.	21,765.	2,433.	11,951.
14	Information technology				
15	Royalties				
16	Occupancy	108,529.	81,772.	26,031.	726.
17	Travel	5,362.	4,290.	268.	804.
18	Payments of travel or entertainment expenses	7,00			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	т				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,609.	1,352.	64.	193.
23		15,071.	12,057.	3,014.	100
23	Insurance Other expenses. Itemize expenses not covered	10,0710	12,057	3,014	
∠4	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) EMPLOYEE EXPENSES	8,457.	6,765.	846.	846.
a		0,437.	0,703.	040.	040
b					
C					
d	All all and an area				
e	· · · · · · · · · · · · · · · · · · ·	710 770	570 401	07 025	60 054
<u>25</u>	Total functional expenses. Add lines 1 through 24e	719,770.	570,491.	87,025.	62,254.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet INC.

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			108,963.	1	336,116.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantial	contributor, or 35%			
		controlled entity or family member of any of	these pers	sons		5	
	6	Loans and other receivables from other disquared	ualified pe	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			7,983.	9	3,823.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,029. 1,610.			
	b	Less: accumulated depreciation	5,032.	10c	11,419.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14	211 152		
	15	Other assets. See Part IV, line 11	0.	15	211,468.		
	16	Total assets. Add lines 1 through 15 (must e	121,978.	16	562,826.		
	17	Accounts payable and accrued expenses		6,057.	17	4,923.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		· ·			
iaj		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li		I	0.	0.5	211,468.
	06			······	6,057.	25 26	216,391.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958,	chock ho	re X	0,037.	20	210,351.
S		and complete lines 27, 28, 32, and 33.	CHECK HE				
ŭ	27	• • • • •			115,921.	27	346,435.
3ala	28				110/7111	28	310,1001
Ā	20	Organizations that do not follow FASB AS				20	
필		and complete lines 29 through 33.	O 550, Cil	con note			
ō	29	Capital stock or trust principal, or current fur	nds			29	
ets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				115,921.	32	346,435.
Z	33	Total liabilities and net assets/fund balances			121,978.	33	562,826.
	- 00	Total habilities and net assets/fund balances				55	Form 990 (2022)

Form 990 (2022)

Par	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8 4.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.			
3	Revenue less expenses. Subtract line 2 from line 1	3			14.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11.	5,9	<u>21.</u>			
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
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		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2022)			

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC 46-4021099 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022 Part II

INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	474,430.	588,291.	481,367.	364,255.	539,950.	2448293.
2	Tax revenues levied for the organ-						
	ization'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	474,430.	588,291.	481,367.	364,255.	539,950.	2448293.
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)						569,370.
6	Public support. Subtract line 5 from line 4.						1878923.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	474,430.	588,291.	481,367.	364,255.	539,950.	2448293.
	Gross income from interest,		000,2020		001/1000	000 / 0000	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
٥	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				42,474.		42,474.
	assets (Explain in Part VI.)				44,4/4.		2490767.
	Total support. Add lines 7 through 10	-1- (1			40	5,250.
	Gross receipts from related activities,	•				12	3,230.
13	First 5 years. If the Form 990 is for the						
80	organization, check this box and storetion C. Computation of Publi						
	•			l (f\)		44	75.44 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	
162	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the c	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	*	-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu			. ,			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			J
	,		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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	tion B. All Type in Supporting Organizations		V	Na
4	Did the everyingtion provide to each of its supported everyingtions, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	<u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		2-		
h	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	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

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 INC.

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

46-4021099 Page 7

1	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	et purposes of supported es of supported organizations ovide details in Part VI)		1 2 3 4 5 6 7 8 9	Current Year
2	Amounts paid to perform activity that directly furthers exemply programments paid to perform activity administrative expenses paid to accomplish exempt purpose amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - production provided and the provided details in Part VI). See instructions to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	es of supported organizations ovide details in Part VI) ne organization is responsive		2 3 4 5 6 7 8	
3 /4 /4 /5 (6 (7 1 1 8 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	es of supported organizations ovide details in Part VI) ne organization is responsive		3 4 5 6 7 8 9	
3 /4 /4 /5 (C) 6 (C) 7 1 8 C (C) 9 C	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - proof the distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	ovide details in Part VI) ne organization is responsive		3 4 5 6 7 8 9	
4 / 5 (6 (7 1 8 [9 [Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	ovide details in Part VI) ne organization is responsive		4 5 6 7 8 9	
5 (6 (7 1 8 [9 [Qualified set-aside amounts (prior IRS approval required - pro Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	ne organization is responsive		5 6 7 8 9	
6 (7 1 8 [9 [Other distributions (describe in Part VI). See instructions. Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	ne organization is responsive		6 7 8 9	
7 1 8 [9 [Fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount			7 8 9	
9 [Distributions to attentive supported organizations to which the provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount			8 9	
9 [provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount			9	
9 [Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount	(i)		9	
	Line 8 amount divided by line 9 amount	(i)		1	
10 L		(i)		10	
	n E - Distribution Allocations (see instructions)	(i)	e		
Sectio		Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1 [Distributable amount for 2022 from Section C, line 6				
2 l	Underdistributions, if any, for years prior to 2022 (reason-				
a	able cause required - explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2022				
a F	From 2017				
b F	From 2018				
C F	From 2019				
d F	From 2020				
e F	From 2021				
f 1	Fotal of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D,				
	ine 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	han zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2023. Add lines 3				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022			C.	:hedule A (Form 990) 2022

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

46-4021099 Page 8 INC. 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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: INSURANCE PROCEEDS 42,474. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 0.

232028 12-09-22 Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LINDA A. BRODIE	319,000.	269,185.
DON & LINDA BRODIE FAMILY FOUNDATION	350,000.	300,185.
otal Excess Contributions to Schedule A, Part II, Line 5	1	569,370

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Inspection

Name of the organization

JEWISH ADOPTION AND FAMILY CARE OPTIONS, INC.

Employer identification number 46-4021099

Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	organization answered "Yes" on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts				
4	Total number at and of year	(a) Donor advised funds	(b) i dilas ana otner accounts				
1 2	Total number at end of year						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
Ū	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
_	for charitable purposes and not for the benefit of the donor of						
Par							
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements		2a				
	Number of conservation easements on a certified historic str		2c				
d	Number of conservation easements included in (c) acquired a						
_	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,						
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien easements daring the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	3, 1, 3,	3	3				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports conservati						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public				
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.				
b	If the organization elected, as permitted under FASB ASC 95	· ·					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre		al gain, provide				
	the following amounts required to be reported under FASB A		•				
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

419

419

e Other

13,029.

Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

d Equipment

1,610.

	Form 990) 2022 INC.			46-4021099 Page 3
	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Descripti	on of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) RIC	GHT OF USE ASSET			211,468.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line	e 15.)		211,468.
	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line	
<u>1.</u>	(a) Description of liability			(b) Book value
	eral income taxes			
(2) LEA	ASE LIABILITY			211,468.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

211,468.

46-4021099 Page 4

	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	1,034,431.			
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						
е	Add lines 2a through 2d			2e	0.			
3	Subtract line 2e from line 1			3	1,034,431.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	04 147					
b	Other (Describe in Part XIII.)	4b	-84,147.	_	01117			
	Add lines 4a and 4b			4c	-84,147. 950,284.			
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statemen	nte With	Evnenses ner E	5 Poturi				
I a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ito with	Expenses per i	ıctui i	1.			
				1	803,917.			
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			'	003,317.			
a	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
c	Other losses	2c						
d	Other (Describe in Part XIII.)		84,147.					
e	Add lines 2a through 2d		•	2e	84,147.			
3	Subtract line 2e from line 1			3	719,770.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-			
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	0.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	719,770.			
	t XIII Supplemental Information.							
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I\ 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			; Part)	K, line 2; Part XI,			
	, , , , , , , , , , , , , , , , , , ,							
PAI	T X, LINE 2:							
JEV	ISH ADOPTION AND FAMILY CARE OPTIONS, INC.	IS IN	NCLUDED IN	CON	SOLIDATED			
FIL	ANCIAL STATEMENTS WITH JEWISH ADOPTION AND	FOSTE	ER CARE OPT	ION	S, INC.,			
E-m	AL. THE CONSOLIDATED FINANCIAL STATEMENTS (ר גייינו אי	וא שטפ פטוו	OWIT	NC.			
<u> </u>	AL. THE COMPOSIDATED PINANCIAS STATEMENTS (JONIA	IN THE PODE	OWII	NG			
FOO	TNOTE:							
THE	AGENCY HAS BEEN RECOGNIZED BY THE IRS AS A	A TAX-	-EXEMPT ORG	ANI	ZATION			
UNI	ER SECTION 501(C)(3) OF THE INTERNAL REVENU	JE COI	DE AND CORR	ESP	ONDING			
STZ	TE TAX LAW. ACCORDINGLY, INCOME EARNED IN	FURTH	FRANCE OF	тнг	AGENCY'S			
	·							
T 147	-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND	PIAIL	TINCOME TA	AE O	, עווח			
THE	REFORE, THESE COMBINED FINANCIAL STATEMENTS	S INCI	LUDE NO PRO	VIS	ION OR			

LIABILITY FOR INCOME TAXES.

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Schedule D (Form 990) 2022 INC • Part XIII Supplemental Information (continued)		Page 5
Part XIII Supplemental Information (continued)		
DADE VI LINE AD ORGED AD HIGHWENING.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSE	-84,1	147.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSE	84,1	147.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

	ADOPTION	AND	FAMIL	Y C	ARE	OPTIONS,			ntification number
INC.								46-4021	
Part I Fundraising Activities required to complete this par	 Complete if the ot 	organiza	ation answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Mail solicitations Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events 									
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	art VII) or entity in viduals or entities	connec	ction with p	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)		ctivity		or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in which the organization or licensing.					utions	or has been notified	it is	exempt from re	gistration

232081 10-27-22

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

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr			t IV, line 18, or reported	
		or randration g event contribution o and gr	(a) Event #1 NE GOLF CLASSIC	(b) Event #2 SPRING INTO SUMMER	(c) Other events	(d) Total events (add col. (a) through
<u>o</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	150,698.	90,712.	249,872.	491,282.
	2	Less: Contributions				
4	3	Gross income (line 1 minus line 2)	150,698.	90,712.	249,872.	491,282.
	4	Cash prizes				
S	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ij	8	Entertainment Other direct expenses	44 44	6,165.	66,178.	84,148.
	10	Direct expense summary. Add lines 4 through				84,148.
	<u>11</u>					407,134.
Pa	rτι	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
П		\$15,000 0H FORM 990-EZ, liftle 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
anc			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
۳	1	Gross revenue				
es	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
\exists	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
•	F					
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
10 -		and only of the overeignting in the control of the overeignting in the control of	avalrad average de de la	amoin at ad alcohor the st	(OOV)	
		ere any of the organization's gaming licenses re Yes," explain:			yeal (Yes No
	_					
2200	2 10)-27-22			Sche	dule G (Form 990) 202

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Sch	nedule G (Form 990) 2022 INC •	46-4	021	099	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		ŀ	ا ءمه ا		0/
	a The organization's facility		13a		<u>%</u>
	b An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the am	ount			
	of gaming revenue retained by the third party \$				
,	c If "Yes," enter name and address of the third party:				
•	the res, enter hame and address of the tilld party.				
	Maria				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	, , , , , , , , , , , , , , , , , , , ,				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	∟ No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Schedule G (Form 990) INC.	46-4021099 Page 4
Schedule G (Form 990) INC . Part IV Supplemental Information (continued)	
	Schedule G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 46-4021099 INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X No criteria used to award the grants or assistance? Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 INC. 46-4021099

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
LY AND CHILD CARE ASSISTANCE	146	7,566.	0.		
IV Supplemental Information. Provide the information	tion required in Part I, line	e 2; Part III, column	(b); and any other ad	l Iditional information.	

Schedule I (Form 990) 2022

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

JEWISH ADOPTION AND FAMILY CARE OPTIONS,
INC.

Employer identification number 46-4021099

Pa	art I Questions Regarding Compensation	·						
			Yes	No				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:			77				
а	Receive a severance payment or change-of-control payment?	4a	7.7	_X_				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	37				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:	_		v				
	The organization?	5a		<u>X</u>				
a	Any related organization?	5b		Λ				
_	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
_	contingent on the net earnings of:	6-		Х				
	The organization?	6a		X				
D	Any related organization?	6b						
7	If "Yes" on line 6a or 6b, describe in Part III.							
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			23				
3		8		Х				
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
9	Regulations section 53.4958-6(c)?	9						
	1 logalidation 300tion 30.7000 stop:							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SARAH FRANCO	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(ii)	541,526.	0.	0.	24,000.	0.	565,526.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)						1	<u> </u>

<u>Solicatio</u> 6 (1 61111 606) 2022	i age c
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	
DADM T I TNE 2.	
PART I, LINE 3:	
THE EXEUCTIVE DIRECTOR OF JEWISH ADOPTION AND FAMILY CARE OPTIONS, INC.'S	
COMPENSATION IS ESTABLISHED BY APPROVAL OF THE BOARD AND THE CEO.	
COM BROWLION TO BUILDING DI MITROVILL OF THE BOIMS THAT THE CLO.	
JEWISH ADOPTION AND FAMILY CARE OPTIONS, INC.'S CEO IS EMPLOYED BY JEWISH	
ADOPTION AND FOSTER CARE OPTIONS, INC. ("JAFCO"), A RELATED 501(C)(3)	
ORGANIZATION. JAFCO REQUIRES APPROVAL BY THE BOARD TO ESTABLISH THE	
COMPENSATION OF THE EXECUTIVE DIRECTOR.	
COMPENSATION OF THE EXECUTIVE DIRECTOR:	
PART I, LINE 4B:	
JEWISH ADOPTION AND FOSTER CARE OPTIONS, INC. ("JAFCO"), A RELATED	
ORGANIZATION, OFFERS A NONQUALIFIED EXECUTIVE RETIREMENT BENEFIT THROUGH A	
457(F) AGREEMENT. DURING 2022, THERE WERE NO CONTRIBUTIONS INTO THE PLAN	
15 / (1) Herealizative Boltine Bolt, Halle Ware No contributions into the last	
ON BEHALF OF THE CEO OR COO.	

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Employer identification number 46-4021099

FORM 990, PART VI, SECTION A, LINE 7A:

THE FILING ORGANIZATION'S BOARD OF DIRECTORS IS SELECTED BY JAFCO

CHILDREN'S FOUNDATION, INC., A RELATED TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF TRUSTEES REVIEWS THE FORM 990 PRIOR TO FILING WITH THE

INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS MUST AVOID PLACING THEMSELVES IN A POSITION OF CONFLICT OF

INTEREST, OR EVEN GIVING THE APPEARANCE OF A CONFLICT OF INTEREST.

IN THE EVENT OF A PRE-EXISTING CONTRACTUAL RELATIONSHIP WHEN A NEW BOARD

MEMBER IS ELECTED, FULL DISCLOSURE OF THE RELATIONSHIP MUST BE PROVIDED TO

THE BOARD PRIOR TO VOTING ON THE ADMITTANCE OF THE NEW MEMBER.

ANY FUTURE CONTRACTS MUST BE REVIEWED AND APPROVED BY A FURTHERMORE,

MAJORITY VOTE OF THE BOARD WHO ARE PRESENT AT A DULY CALLED MEETING.

WHEN A BOARD MEMBER IS PARTICIPATING IN THE CHILD WELFARE SYSTEM, THERE

ARE GUIDELINES SET IN PLACE TO AVOID A CONFLICT OF INTEREST SUCH AS

AGREEING TO ACCEPT AND SUPPORT THE CASE MANAGEMENT/CLINICAL DIRECTION

REMOVING HIM/HERSELF FROM THE COMMUNITY SIDE OF THE CASE, OR REMOVING

HIM/HERSELF FROM THE ORGANIZATION'S SIDE OF THE CASE BY STEPPING DOWN AS A

BOARD MEMBER.

NEW BOARD MEMBERS ELECTED AFTER THE 2017 ANNUAL MEETING, WHO HAVE NOT

PREVIOUSLY SERVED AS A BOARD MEMBER, MUST NOT BE RELATED AS A SPOUSE,

PARENT, GRANDPARENT, CHILD OR GRANDCHILD OF ANY OTHER JAFCO BOARD MEMBER OR

ANY STAFF EMPLOYEE OF JAFCO. THE EXECUTIVE COMMITTEE WILL REVIEW ANY

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Employer identification number 46-4021099

UNRESOLVED CONFLICT OF INTEREST ISSUES AND WILL PRESENT A RESOLUTION TO THE PROBLEM. IF THE MATTER CANNOT BE RESOLVED BETWEEN THE EXECUTIVE COMMITTEE AND THE BOARD MEMBER, IT WILL BE BROUGHT TO THE BOARD OF TRUSTEES FOR RESOLUTION.

THE BOARD OF TRUSTEES WILL COOPERATE WITH, CONSULT, AND ASSIST THE JAFCO

CHILDREN'S FOUNDATION, INC. IN ESTABLISHING AND ENFORCING REASONABLE

GUIDELINES, RULES AND POLICIES GOVERNING ALL JAFCO CHAPTERS, AFFILIATES AND

ENTITIES AUTHORIZED BY JAFCO TO USE THE NAME "JAFCO" OR TO HOLD THEMSELVES

OUT AS BEING ASSOCIATED WITH JAFCO.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF TRUSTEES OF JEWISH ADOPTION AND FOSTER CARE OPTIONS, INC., A

RELATED TAX-EXEMPT ORGANIZATION, DETERMINES THE COMPENSATION OF THE TOP

MANAGEMENT OFFICIALS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FILING ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C

THE FILING ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR THE

OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THERE WAS NO CHANGE IN THIS PROCESS FROM THE

PRIOR YEAR.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization JEWISH ADOPTION AND FAMILY CARE OPTIONS, INC. Employer identification number 46-4021099

Part I Identification of Discognized Entities Complete if the organization answered "Ves" on Form 900 Part IV line 33

Part I Identification of Disregarded Entities. Complete	Part I Identification of Disregarded Entities. Complete in the organization answered "Yes" on Form 990, Part IV, line 33.											
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity							

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
JAFCO CHILDREN'S FOUNDATION, INC							
65-0334267, 4200 N. UNIVERSITY DRIVE,	PROVIDES FUNDING AND						
SUNRISE, FL 33351	SUPPORT	FLORIDA	501(C)(3)	LINE 7			X
JEWISH ADOPTION AND FOSTER CARE OPTIONS,							
INC 20-0898587, 4200 N. UNIVERSITY DRIVE,	FOSTER CARE AND ADOPTION						
SUNRISE, FL 33351	SERVICES	FLORIDA	501(C)(3)	LINE 7			X
JAFCO CHILDREN'S ABILITY CENTER, INC							
45-4903635, 4200 N. UNIVERSITY DRIVE,					JAFCO CHILDREN'S		
SUNRISE, FL 33351	FAMILY SUPPORT SERVICES	FLORIDA	501(C)(3)	LINE 7	FOUNDATION, INC.		X
]						1

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b) (c) (d)								(h)		(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income Share of end-of-year assets		proportionate proportionate amount in box 20 of Schedule K-1 (Form 1065)		managing partner?		Percentage ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
										┷	_			
										\sqcup	_			
										Ш	_			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	No	

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
	During the tax year, did the organization engage in any of the following transactions		•								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X				
b	Gift, grant, or capital contribution to related organization(s)				. 1b		X				
	Gift, grant, or capital contribution from related organization(s)					X					
							X				
е	Loans or loan guarantees by related organization(s)				. 1e		X				
f	Dividends from related organization(s)				. 1f		X				
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		Х				
	i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)											
•	, , , , , , , , , , , , , , , , , , , ,										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
- 1	 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 										
m	Performance of services or membership or fundraising solicitations by related organ						Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х				
						Х					
_	3 - Fand										
n	Reimbursement paid to related organization(s) for expenses				1p		х				
	Reimbursement paid by related organization(s) for expenses						X				
ч	Troinibardonione para by rolated organization(b) for expenses				. 19						
r	Other transfer of cash or property to related organization(s)				1r		Х				
	Other transfer of cash or property from related organization(s)						X				
	If the answer to any of the above is "Yes," see the instructions for information on w				. 13						
	, ,	· ·	1								
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount	involved						
	Tamo on salos siganization	type (a-s)	7 anodrie involved	Wicklied of determining amount	IIIVOIVOG						
(1)											
<u> </u>											
(2)											
(2)											
(2)											
(3)											
(4)											
(4)											
<i>(</i> -\											
(5)											
(C)											
(6)		1	1	1							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

INC.

Schedule R (Form 990) 2022

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

JEWISH ADOPTION AND FAMILY CARE OPTIONS,

Schedule R	(Form 990) 2022 INC.	46-4021099	Page 5
Part VII	(Form 990) 2022 INC. Supplemental Information		g
	Provide additional information for responses to questions on Schedule R. See instructions.		
	Trovido additional information for respondes to questions on concedirent. Occ instructions.		
í			
-			
-			

32165 09-14-22 Schedule R (Form 990) 2022