	_		Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
For	_ Q	90	-	0000		
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo Do not enter social security numbers on this form as it n	•	• •	
Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the la	•	Open to Public Inspection	
					UN 30, 2024	mopeenen
	heck if		f organization		D Employer identifica	ation number
a	oplicab	le:				
	Addre	FOST	ER CARE REVIEW, INC.			
	Name chang		usiness as FLORIDA FOSTER CARE REVIEW		65-011894	4
	Initial		and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final returr	155	NW THIRD STREET, SUITE 4338		305679274	2
	termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,939,328.
	Amer returr	MIAM	I, FL 33128		H(a) Is this a group ret	urn
	Appli tion	F Name a	nd address of principal officer: MICHELLE WEBER		for subordinates?	Yes X No
	pendi	SAME .	AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
<u>I</u> T	ax-ex		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a li	st. See instructions
_	Vebsi		FOSTERCAREREVIEW.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	L Year c	of formation: 1989 M	State of legal domicile: \mathbf{FL}
Ра	rt I	Summary				
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCH	HEDUI	LE O.	
anc			x if the organization discontinued its operations or disposed of			
ern	2	Check this bo				
Š	3		ting members of the governing body (Part VI, line 1a)			16
ۍ ه	4		lependent voting members of the governing body (Part VI, line 1b)		16	
ies	5		of individuals employed in calendar year 2023 (Part V, line 2a)			<u>24</u> 70
Activities & Governance	6		of volunteers (estimate if necessary)			0.
Act			d business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
	0	Contributions	and grants (Dart)/III line 1h)		1,865,697.	1,860,984.
IUe	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.	0.
Revenue	9 10	0	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		46.	14.
Re	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,000.	3,001.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,867,743.	1,863,999.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)		1,675,263.	1,674,347.
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expense			ing expenses (Part IX, column (D), line 25) 75, 233.			
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		274,956.	260,539.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,950,219.	1,934,886.
	19		expenses. Subtract line 18 from line 12		-82,476.	-70,887.
or			· · · · · · · · · · · · · · · · · · ·		jinning of Current Year	End of Year
tets lanc	20	Total assets (F	Part X, line 16)		526,679.	409,454.
Net Assets or Fund Balances	21	-	(Part X, line 26)		134,572.	88,759.
-Net	22		fund balances. Subtract line 21 from line 20		392,107.	320,695.
	rt II	Signature				
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	d statemei	nts, and to the best of my k	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.	

		•								
Sign	Signature of officer			Date						
Here		MICHELLE WEBER, PRESIDENT								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	MARGARITA G. LISKER, CPA	MARGARITA G.	LISKER, 11/25	/24 self-employed	P00957338					
Preparer	Firm's name ZOMMA GROUP, LLP			Firm's EIN 65-	-0715836					
Use Only	Firm's address 355 ALHAMBRA CIRC	LE, SUITE 110	00							
	CORAL GABLES, FL 33134 Phone no. 305 444-8288									
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No					
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

4c (Code:) (Expenses \$ including grants of \$	65-0118944 Page
1 Birefly describe the organization's mission: SEE SCHEDULE 0. 2 Did the organization undertake any significant program services during the year which were prior Form 990 or 990-E2? If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any if 'Yes,' describe these changes on Schedule 0. 4 Describe the organization is program service accomplishments for each of its three largest p Section 501(c)8) and 501(c)4) organizations are required to report the amount of grants and revenue, if any, for each program service reported. 4a (Code:) (Exemes 1 _ 1,757,121. including grants of 3 FLORIDA FOSTER CARE REVIEW (FPCR) SERVES AS A WELFARE SYSTEM AND THE COMMUNITY AT LARGE. FFCC ITS EXTENSIVE VOLUNTEER AND PARTNER NETWORK ON YOUNG ADULTS IMPACTED BY MIAMI'S FOSTER CARE S OF ENTERING OR RE-ENTERING THE SYSTEM. FFCR'S PROFESSIONAL TEAM OF SUBJECT-MATTER EXPERTS DE CHILD-CENTERED, INDIVIDUALIZED STRATEGIES THAT TRAUMA AND GROW UP WITH THE LOVE AND SUPPORT O NURTURING FAMILIES. FFCR'S CITIZEN REVIEW PANEL (CRP) PROGRAM ENGA VOLUNTEERS WHO CONDUCT REVIEW HEARINGS FOR "CO 40 (Code:) (Expenses 1 _ including grants of 3	X
SEE SCHEDULE O. 2 Did the organization undertake any significant program services during the year which were prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any if "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest p Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and revenue, if any, for each program service reported. 4a (code:) (feapenees 1, 757, 121. including grants or 5 FLORIDA FOSTER CARE REVIEW (FPCR) SERVES AS A WELFARE SYSTEM AND THE COMMUNITY AT LARGE. FFCC ITS EXTENSIVE VOLUNTEER AND PARTNER NETWORK ON YOUNG ADULTS IMPACTED BY MIAMI'S FOSTER CARE SYSTEM. SPERTS DE CHILD-CENTEREND, INDIVIDUALIZED STRATER EXPERTS DE CHILD-CENTEREND, INDIVIDUALIZED STRATEGIES THAT TRAUMA AND GROW UP WITH THE LOVE AND SUPPORT O NURTURING FAMILLES. FFCR'S CITIZEN REVIEW PANEL (CRP) PROGRAM ENGA VOLUNTEERS WHO CONDUCT REVIEW HEARINGS FOR "CO 40 (Code:) (Expenses 1	<u>\</u>
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prior Form 990 or 990-EZ?	
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4a (Code:) (Expenses \$	allocations to others, the total expenses, and
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32002 12-21-23 SEE SCHEDULE O FOR CONT	
32002 12-21-23 SEE SCHEDULE O FOR CONT	Form 990 (202
	INUATION(S)
2	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	_ <u>_</u>	
b		106		x
13	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	126		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

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332003 12-21-23

Form	aan	(2023)
FUIII	330	(2020)

I U	Continuea)			
00	Did the exercities repeat more than $\Phi = 0.00$ of events or other excitations to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part I</i>			<u> </u>
02	Cohodula N. Davit II	32		x
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	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
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	990 (2023) FOSTER CARE REVIEW, INC. 65-011	8944	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103			
		4				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		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 Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		 		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		x			
L	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>		<u> </u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b	х			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00	- 23			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	? 7a	x			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	. 10				
Ŭ	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
-	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 by the					
	sponsoring organization have excess business holdings at any time during the year?					
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	_				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a	_				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	- 10				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.	. 13d				
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					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X		
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17				
	If "Yes," complete Form 6069.					
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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		_X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		х				
_	of officers, directors, trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7.		х				
L	more members of the governing body?	<u>7a</u>						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x				
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b						
8 a		8a	Х					
a b	The governing body? Each committee with authority to act on behalf of the governing body?	oa 8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00						
5	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•						
	(This Section D requests information about policies not required by the internal neverule code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v				
	taxable entity during the year?	16a		X				
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	101						
Sec	exempt status with respect to such arrangements?	16b						
	List the states with which a copy of this Form 990 is required to be filed							
17 19			availat					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	Uniy) a	avalidi	JE				
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
13	statements available to the public during the tax year.	manc	101					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	TWILA GONZALES - 305 679-2742							
	155 NW THIRD STREET, SUITE 4338, MIAMI, FL 33128							
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Part VII	Compensation of	Officers, Direct	ors, Trustees	, Key Employees,	Highest	Compensated
	Employees, and In	ndependent Cor	tractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless p		ess person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week				Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	66			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	rustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	nstitutional trustee	_	nploy	st cor	1	1000 (120)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) CANDICE MAZE	40.00									
EXECUTIVE DIRECTOR		Х						127,500.	0.	0.
(2) MICHELLE WEBER	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) AARON GORDON	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CHRISTOPHER HUTCHINS, CPA	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) RUTH BEHLMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) IRIS ACOSTA-ZOBEL	1.00									
MEMBER		Х						0.	0.	0.
(7) LOURDES AVINO, ESQ	1.00									
MEMBER		Х						0.	0.	0.
(8) JULIE BRUNO	1.00									
MEMBER		Х						0.	0.	0.
(9) SANDRA DAN	1.00									
MEMBER		Х						0.	0.	0.
(10) ARTURO FERNANDEZ	1.00									
MEMBER		Х						0.	0.	0.
(11) MARTHA GARCIA	1.00									
MEMBER		Х						0.	0.	0.
(12) JENNIFER GROSS	1.00									
MEMBER		Х						0.	0.	0.
(13) LATASHA HINES, ESQ	1.00									_
MEMBER		Х						0.	0.	0.
(14) DARA JEFFRIES	1.00									-
MEMBER		Х						0.	0.	0.
(15) DONALD MCCORKELL JR	1.00									-
MEMBER		Х						0.	0.	0.
(16) RUTH RAMIREZ	1.00									-
MEMBER		Х						0.	0.	0.
(17) ALEXANDER RATTNER, ESQ	1.00	l						_		-
MEMBER		Х						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		, ,				
	(A) Name and title				Average Position (do not check more than one box, unless person is both an				than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F Estim amou oth	nated Int of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	comper from organi and re organiz	the zation elated		
	Subtotal Total from continuation sheets to Part VII								127,500.		•	0.		
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								127,500. eccived more than \$100,	000 of reportable	•	0.		
3	Did the organization list any former officer,			•		-		-		•		es No X		
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable ,000? If "Yes,	e co " <i>co</i>	mpe mple	ensa ete S	tion Sche	and edule	oth J f	ner compensation from t	he organization	3 . 4	X		
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors										. 5	x		
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y					
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensa	ition		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	l to f	thos C		ted	above) who received me	pre than	Form 99	0 (2023)		

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			2023) FOSTER CARE R	EVIEW,	INC.		65-0118	944 Page 9
Pa	rt V	/111						
			Check if Schedule O contains a response of	or note to any		(B)	(C)	(D)
					(A) Total revenue	(P) Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
				C 251	1			sections 512 - 514
nts	1		Federated campaigns 1a	6,351				
Gra			Membership dues 1b	240 041				
Contributions, Gifts, Grants and Other Similar Amounts			-	342,241				
Gif			Related organizations 1d	<u>(</u>				
js,				658,032	<u>.</u>			
er lo		f	All other contributions, gifts, grants, and	054 266				
Ę				854,360	J •			
ontio		-	Noncash contributions included in lines 1a-1f		1 0 0 0 0 1			
Ŭ d		h	Total. Add lines 1a-1f					
				Business Co	de			
Program Service Revenue	2	a						
erv		b						
n S In S		С						
Jrar Rev		d						
log		е						
Δ.								
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere		14.			14.
			other similar amounts)					14.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Persona				
	6		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c			-		
			Net rental income or (loss)	(ii) Other				
	1	а			-			
			assets other than inventory 7a		-			
۵.		D	Less: cost or other basis					
venue			and sales expenses 7b Gain or (loss) 7c		-			
						-		
Other Re			Net gain or (loss)	T				
the	8	а	Gross income from fundraising events (not including \$342,241. of					
0			contributions reported on line 1c). See					
			Part IV, line 18	75,329	a			
		h						
			Less: direct expenses 8b Net income or (loss) from fundraising events	, 5, 545	0.			
	<u>م</u>		Gross income from gaming activities. See					
	Ĵ	a	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	I				
	10		Gross sales of inventory, less returns					
		-	and allowances10a					
		b	Less: cost of goods sold 10b		-			
			Net income or (loss) from sales of inventory					
			, ,	Business Co	de			
snc	11	а	MISCELLANEOUS INCOME	624100	3,001.	3,001.		
ellaneo		b				-		
Miscellaneous Revenue		с						
lisc		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		<u> </u> 1,863,999.	3,001.	0.	14.
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FOSTER CARE REVIEW, INC. Part IX Statement of Functional Expenses

~	Check if Schedule O contains a respons	(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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	127,500.	118,540.	5,000.	3,960
~	trustees, and key employees	127,500.	110,540.	5,000.	5,900
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	1,277,789.	1,221,102.	33,104.	23,583
7 0	Other salaries and wages	±,211,109•	±,22±,±02•	55,1040	23,303
8	Pension plan accruals and contributions (include				
۵	section 401(k) and 403(b) employer contributions) Other employee benefits	157,654.	152,900.	3,112.	1 642
9 10	Payroll taxes	111,404.	105,913.	3,380.	<u>1,642</u> 2,111
11	Fees for services (nonemployees):	111,404.	105,515.	5,500.	4,111
'' a	Management				
b	Legal				
c		19,018.	15,769.	3,249.	
d		24,000.		24,000.	
e	Professional fundraising services. See Part IV, line 17	21/0000		21/0001	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	79,944.	37,241.	5,391.	37,312
12	Advertising and promotion	12,792.	2,193.	5,040.	5,559
13	Office expenses	11,298.	7,521.	2,962.	815
14	Information technology	39,833.	36,594.	2,988.	251
15	Royalties	,			
16	Occupancy	7,136.	5,068.	2,068.	
17	Travel	5,134.	2,403.	2,731.	
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,657.	5,990.	667.	
23	Insurance	25,134.	23,363.	1,771.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	16,805.	15,720.	1,085.	
a ⊾	LICENSES, DUES AND OTHE	7,045.	1,061.	5,984.	
b	VOLUNTEER EXPENSES	5,743.	5,743.	J, J04.	
c d		J,/4J.	5,145.		
d	All other expenses				
е 25	All other expenses	1,934,886.	1,757,121.	102,532.	75,233
25 26	Joint costs. Complete this line only if the organization	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		102,3320	13,233
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	saaaaanna sampagn and runuraising solisitation.				

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1 4	• * •						
		Check if Schedule O contains a response or no	ote to any lin	e in this Part X		I	
					(A) Beginning of year		(B) End of year
	4	Cash pan interact backing			128,692.	1	189,123.
	1	Cash - non-interest-bearing			265,331.	2	100,345.
	2	Savings and temporary cash investments	84,485.	_∠ 3	71,833.		
	3 4	Pledges and grants receivable, net			01,103.	3 4	3,334.
	4 5	Accounts receivable, net Loans and other receivables from any current of				4	5,554.
	5	trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua				5	
	0	under section 4958(f)(1)), and persons describe	-			6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ase	9	Prepaid expenses and deferred charges			28,421.	9	30,826.
		Land, buildings, and equipment: cost or other			,	-	
		basis. Complete Part VI of Schedule D	10a	126,524.			
	b	Less: accumulated depreciation	10b	112,531.	19,750.	10c	13,993.
	11	Investments - publicly traded securities				11	· · ·
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq			526,679.	16	409,454.
	17	Accounts payable and accrued expenses			51,948.	17	55,631.
	18	Grants payable		18			
	19	Deferred revenue			82,624.	19	33,128.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of S	chedule D		21	
Se	22	Loans and other payables to any current or for	mer officer, o	director,			
iliti		trustee, key employee, creator or founder, sub	stantial conti	ributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese persons			22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24). Co	omplete Part X			
		of Schedule D			12/ 570	25	00 750
	26	Total liabilities. Add lines 17 through 25	<u></u>	X	134,572.	26	88,759.
S		Organizations that follow FASB ASC 958, ch	eck nere				
nce	07	and complete lines 27, 28, 32, and 33.			392,107.	27	320,695.
ala	27			····· -	592,107.	27	520,095.
ЧB	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		hara		20	
'n		and complete lines 29 through 33.	956, CHECK				
۲ آ	29	Capital stock or trust principal, or current fund	-			29	
ets	29 30	Paid-in or capital surplus, or land, building, or e				30	
Ass	30 31	Retained earnings, endowment, accumulated i				30	
Net Assets or Fund Balances	32	Total net assets or fund balances			392,107.	32	320,695.
z	33	Total liabilities and net assets/fund balances			526,679.	33	409,454.
					==;;;;	00	

Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Form	990 (2023) FOSTER CARE REVIEW, INC.	65-0)118944	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,863		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,934	.,88	86.
3	Revenue less expenses. Subtract line 2 from line 1	3	-70),88	<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	392	2,10	07.
5	Net unrealized gains (losses) on investments	5		-52	<u>25.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	320),69	<u>95.</u>
Pa	rt 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

1

Name of the	organization
-------------	--------------

Nan	ne of t	the organization							identification number				
			ER CARE RE						5-0118944				
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative											
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (C											
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.				
		See section 509(a)(2). (Con											
11		An organization organized a	•										
12		An organization organized a		-	-			-					
		more publicly supported or							Check the box on				
		lines 12a through 12d that	• •			-		-					
а		Type I. A supporting orga		-	• • • •	-							
		the supported organization			majority c	of the direc	ctors or trustee	es of the su	ipporting				
	_	organization. You must o	-										
b		Type II. A supporting org	-				-		•				
		control or management o			ame perso	ns that co	ntroi or manag	je tne supp	Dorted				
		organization(s). You mus Type III functionally inte			in connoct	tion with		vintograta	d with				
c		its supported organization		•••				y integrate	a with,				
d		Type III non-functionally		-				ted organiz	zation(s)				
Ū	L	that is not functionally int		• •				-					
		requirement (see instructi	•		•		-	anatona					
e		Check this box if the orga	,	•				I Type III					
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , po					
f	Ente	er the number of supported of											
g		vide the following informatior	•										
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	-	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tat													
Tota	11						1		1				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1317216.	1395820.	1702147.	1789370.	1748011.	7952564.
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 \dots						
4	Total. Add lines 1 through 3	1317216.	1395820.	1702147.	1789370.	1748011.	7952564.
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)						
	Public support. Subtract line 5 from line 4.						7952564.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1317216.	1395820.	1702147.	1789370.	1748011.	7952564.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,366.	241.	58.	46.	14.	1,725.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	212,436.	250,435.	258,900.	407,698.	417,570.	1547039.
11	Total support. Add lines 7 through 10						9501328.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi						02 70
	Public support percentage for 2023 (I					14	83.70 %
	Public support percentage from 2022					15	84.33 %
16a	33 1/3% support test - 2023. If the c				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the c						
4-	and stop here. The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		7	
b	10% -facts-and-circumstances test						IU% Or
	more, and if the organization meets the						
10	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	T UIU HUL CHECK A		a, 100, 17a, 01 170	, CHECK THE DUX A		(Form 990) 2023
						Solicaule A	

Schedule A (F	⁻ orm 990) 2023
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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.)

Se	ction A. Public Support		-	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
k	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for th	Le organization's fi	rst. second third	fourth, or fifth tax	vear as a section F	- 	nization.
••				,	5		, L
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20		•	ino 13 column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the					· · · · · · · · · · · · · · · · · · ·	
198							
L	more than 33 1/3%, check this box ar						
r	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a		a, or 190, check t	his box and see Ins		
3320	23 12-21-23		1 5			Sched	dule A (Form 990) 2023

1

Yes No

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.)

16

332024 12-21-23

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2023

Dort IV Supporting Organizations	
Schedule A (Form 990) 2023 FOSTER CARE REVIEW, I	INC

Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
á	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		
k	• A family member of a person described on line 11a above?	11b		
C	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		
Se	ction 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? <i>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</i>			
	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		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

	or management of the supporting organization was vested in the same persons that controlled or managed
	the supported organization(s).
Soc	ction D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used to sati	fy the Integral Part Test durin	ig the year (see instructions).
---	----------------------------------	--------------------------------------	---------------------------------	---------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supported a governmental entity.	Describe in Part VI how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

16111125 153685 962950.001

1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(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):			
a	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		
	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-functiona	ally integrated	d Type III supporting orga	nization (see

(Form 990) 2023FOSTER CARE REVIEW, INC.Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

instructions).

Schedule A (Form 990) 2023

Part V

Schedule A (Form 990) 2023

65-0118944 Page 6

332026 12-21-23

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				
				Sc	hedule A (Form 990) 2023

 Schedule A (Form 990) 2023
 FOSTER CARE REVIEW, INC.

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

1 Amounts paid to supported organizations to accomplish exempt purposes

65-0118944 Page 7

1

Current Year

Schedule A	(Form 990) 2023	FOSTER	CARE	REVIEW,	INC.		65-0118944 _{Page}
Part VI	Supplemental I Part IV, Section A, lii line 1; Part IV, Section Section D, lines 5, 6	nformation. Pro nes 1, 2, 3b, 3c, 4b, on D, lines 2 and 3; F , and 8; and Part V, 5	vide the ex 4c, 5a, 6, Part IV, Se Section E,	planations requ 9a, 9b, 9c, 11a, ction E, lines 1c lines 2, 5, and 6	uired by Part II, 11b, and 11c; 2a, 2b, 3a, an Also complet	line 10; Part II, line 17a Part IV, Section B, lines Id 3b; Part V, line 1; Par te this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, ional information.
	(See instructions.)						
332028 12-21-2	3						Schedule A (Form 990) 20
				20			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

65-0118944

FOSTE	R	CARE	REVIEW,	INC.
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

65-0118944

FOSTER CARE REVIEW, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVENUE MIAMI, FL 33129	\$ <u>55,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4 STATE OF FLORIDA JUSTICE ADMINISTRATION COMMISSION 227 NORTH BRONOUGH STREET, SUITE 2100 TALLAHASSEE, FL 32301	\$618,160.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MIAMI-DADE COUNTY 111 NW 1ST STREET, 19TH FLOOR MIAMI, FL 33128	\$39,872.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITRUS HEALTH NETWORK INC, D/B/A <u>CITRUS FAMILY CARE NETWORK</u> 401 NW 2ND AVENUE, 10TH FLOOR, SOUTH <u>TOWER</u> <u>MIAMI, FL 33128</u>	\$ <u>210,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE BATCHELOR FOUNDATION 1680 MICHIGAN AVENUE, PH1 MIAMI BEACH, FL 33139	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 323452 12-2	NORTH DADE MEDICAL FOUNDATION C/O THE MIAMI FOUNDATION 40 NW 3RD ST. SUITE 305 MIAMI, FL 33128	\$61,661.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

16111125 153685 962950.001

22 2023.05000 FOSTER CARE REVIEW, INC. 962950.1

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

FOSTER CARE REVIEW, INC.

Name of organization

Employer identification number

65-0118944

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PEACOCK FOUNDATION, INC 4000 PONCE DE LEON BLVD, STE. 450 CORAL GABLES, FL 33146	\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FLORIDA BLUE FOUNDATION 4800 DEERWOOD CAMPUS PARKWAY, DC202 JACKSONVILE, FL 32246	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

23

16111125 153685 962950.001

Name of organization

Page 3

Employer identification number

65 - 0118944

FOSTER CARE REVIEW, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

24

Name of or	ganization			Employer identification number
FOSTEF	R CARE REVIEW, INC.			65-0118944
Part III		a) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	v. For organizations	hat total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
_		(e) Transfer of gif		
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a			nsferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(a) Transfer of sit		
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4		nsferor to transferee
323454 12-26-	-23			Schedule B (Form 990) (2023

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LHA 332041 11-06-23

26					
2023.05000	FOSTER	CARE	REVIEW,	INC.	962950.1

• 5	Section 5	01(c)(3) organizations that h	nave filed Form 5768 (election ur	nder section 501(h)): Co	omplete Part II-A. Do not co	mplete Part II-B.
• 5	Section 5	01(c)(3) organizations that h	nave NOT filed Form 5768 (electi	on under section 501(h	n)): Complete Part II-B. Do n	ot complete Part II-A.
If the	e organiz	ation answered "Yes" on	Form 990, Part IV, line 5 (Proxy	y Tax) (see separate ir	nstructions) or Form 990-E	Z, Part V, line 35c (Proxy
	-	arate instructions), then:			,	
• 5	Section 5	01(c)(4), (5), or (6) organizat	ions: Complete Part III.			
-	e of orga		·		Emp	loyer identification number
			CARE REVIEW, INC			65-0118944
Pa	rt I-A	Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
			F			5
	Ducuida	- descriptions of the surrousin			n Davit IV (
			ation's direct and indirect politic			
			ures			
3	Voluntee	r hours for political campai	gn activities			
Pa	rt I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the	e amount of any excise tax	incurred by the organization und	ler section 4955	9	
			incurred by organization manage			
			n 4955 tax, did it file Form 4720			
		describe in Part IV.				
_	rt I-C	Complete if the org	anization is exempt und	er section 501(c)	except section 501/c	-)(3)
		· · ·	•		· · ·	
			by the filing organization for sec			·
			ization's funds contributed to ot	-		
			. Add lines 1 and 2. Enter here a	,		
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	Enter the	e names, addresses, and er	nployer identification number (El	N) of all section 527 pc	plitical organizations to whic	h the filing organization
			tion listed, enter the amount paid			
			omptly and directly delivered to a			e segregated fund or a
	political	action committee (PAC). If a	additional space is needed, prov	ide information in Part	IV.	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds. If none, enter -0	promptly and directly delivered to a separate
						political organization.
						If none, enter -0
				_	_	
For F	Paperwo	rk Reduction Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Schedule C (Form 990) 2023

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 527 organizations: Complete Part I-A only.

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

OMB No. 1545-0047

2023 Open to Public Inspection

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule C (Form 990) 2023 FOS	TER CARE	REVIEW, IN	с.	65-0)118944 Page 2
Part II-A Complete if the organiza	ation is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)). A Check if the filing organization b expenses, and share of expenses, and share of expenses.	cess lobbying	expenditures).		group member's nam	e, address, EIN,
B Check if the filing organization c	necked box A a	nd "limited control" pro	ovisions apply.		
Limits on (The term "expenditure)	obbying Expe means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add					
f Lobbying nontaxable amount. Enter the	amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b) is		bying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000,000,		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,500,000	<u> </u>	00 plus 10% of the exc			
over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	, ,				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on a					Yes No
reporting section 4911 tax for this year?		eraging Period Under	Section 501(b)		
(Some organizations that ma	de a section 5		have to complete all o	f the five columns b	elow.
	obbying Expe	nditures During 4-Yea	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Fore	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k))
	e lobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g		X		24	.,000.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i			X		
j	Total. Add lines 1c through 1i			24	.,000.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- 501(-)([[]		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(b), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR	(b) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions		5		
instru	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II	A, lines 1 a	nd 2 (see	
FO	STER CARE REVIEW, INC. WORKS WITH BALLARD PARTNERS A	.S GOVI	ERNMEN	Т	
REI	LATIONS CONSULTANTS TO HELP EDUCATE STATE OFFICIALS	ON THE	E IMPO	RTANCE	<u> </u>
OF	HAVING AN OBJECTIVE, THIRD PARTY ENTITY TO PROMOTE	THE SA	AFETY,		
PEI	RMANENCY AND WELL-BEING OF ABUSED AND NEGLECTED CHIL	DREN	IN		
<u>GO</u>	VERNMENT CARE, AS WELL AS FOR THE CONTINUED CAPACITY	AND	SUCCES	S OF	
33204	3 11-06-23		Schedu	ile C (Form	990) 2023

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Schedule C	(Form	990)	2023
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FOSTER CARE REVIEW, INC. TO SERVE IN THIS ROLE.

Schedule C (Form 990) 2023

332044 11-06-23

		Our maile and a state			OMB No. 1545-0047
	HEDULE D		al Financial Statements		
(Forn	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZ 3
	ment of the Treasury	A	Attach to Form 990.		Open to Public Inspection
-	l Revenue Service e of the organizati		0 for instructions and the latest information.	Emplo	yer identification number
Nam	e of the organizati	FOSTER CARE REVIEW	, INC.		65-0118944
Par	t I Organiza		d Funds or Other Similar Funds or Ac	counts	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds (b) Funds	and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fund		Yes No
6			exclusive legal control? dvisors in writing that grant funds can be used or		
0	•	u	or donor advisor, or for any other purpose conferri	•	
	impermissible priv			•	Yes No
Par			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
	Preservation	n of land for public use (for example, recrea	tion or education)	rically im	portant land area
	Protection c	f natural habitat	Preservation of a certi	fied histo	ric structure
	Preservation	n of open space			
2	•	c c .	fied conservation contribution in the form of a cor		
	day of the tax year				eld at the End of the Tax Year
a				2a	
b			usture included on line Oc	2b	
c d		vation easements on a certified historic stru vation easements included on line 2c acqu		2c	
u		•		2d	
3			eased, extinguished, or terminated by the organiz		ring the tax
Ū	year				
4		where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of		
	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easeme	ents during the year
7	Amount of expense	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements o	during the year
0			action the requirements of eastion 170/b)(4)(D)(i)		
8			e satisfy the requirements of section 170(h)(4)(B)(i)		Yes No
9			on easements in its revenue and expense statem		
-		v	note to the organization's financial statements that		es the
	organization's acc	ounting for conservation easements.	-		
Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar A	lssets.
	Complete i	f the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince shee	t works
			olic exhibition, education, or research in furtheran	ice of pub	blic
			ncial statements that describes these items.		all a st
D	-		8, to report in its revenue statement and balance		
		ing amounts relating to these items.	exhibition, education, or research in furtherance		
	•			\$	
2			asures, or other similar assets for financial gain, p	_	
	0	unts required to be reported under FASB A			
а	-		~	\$_	
LHA	For Paperwork R	eduction Act Notice, see the Instructions	s for Form 990.	Sc	hedule D (Form 990) 2023

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~	2		^	-	~	^	~

PartILI Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's accession, and other records, check any of the following that make significant use of its collection than (sheck all that apply). a Public subhition d Learn or exchange program a Public subhition d Clans or exchange program d Notes b Scholarly research e Other The Notes accession of the organization's collections and explain how they further the organization's occurred or an one of norm 980, Part X into the maintain as and of the organization's collection? Yes No PartI Escrow and Custodial Arrangements Complete if the organization and organization's collection? Yes No It he organization's accession of the norm 980, Part X in 21. Ta list the organization and organization's collection? Yes No b If Yes,'' explain the arrangement in Part XIII and complete the following table: If Yes,'' explain the arrangement in Part XIII and complete the organization norms 80, Part X in the organization and the organization and the set of the organization and the org	Sche	dule D (Form 990) 2023 FOSTER	CARE REVIE	W, IN	C.		-	_	65-01	18944	4 Pa	age 2
collection terms (check all that apply). Choice exhibition Control exhibition Conthibition Control exhibiti	Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, or	Othe	r Simila	r Assets	(contir	nued)	
a Public schulturin b Schular yessand c Preservation for future generations 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During they are, did the organization socied or receive donations of art, historical treasures, or other similar assets to be soft to raise funds, rather than to be maintained as part of the organization's collection? Ves No Part VI Excorp and Custodial Arrangements Complete the arrangement in Part XIII and complete the following table: No 1 Is the organization ansent on Form 900, Part X, line 21. Is the organization ansent on Form 900, Part X, line 21. Amount 1 Is the organization ansent in Part XIII and complete the following table: Amount Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Ves No 2 Dut the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Ves No 0 If Yes, 'explain the arrangement in Part XIII. Check here if the schular table assets not include an amount on Form 900, Part X, line 10. If the organization answered Yes' on Form 900, Part X, line 10. Part YE Endowment FundS Complete if the organization answered	3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make s	ignificant (use of its			
b Scholarly research e Other c Preservation for future generations e Other 4 Provide a description of the organization socilic to receive domaines of art, historical treasures, or other similar assets to be soft orise funds rather than to be maintained as part of the organization societo(n?) Yes No Part W Escrow and CutSoftial Arrangements Complete if the organization societo(n?) Yes No Part W Escrow and CutSoftial Arrangements Complete if the organization societo(n?) Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 1 1 Is the organization and the organization societa and the organization societa and the organization societa and the organization included on form 900, Part X, line 21, for escrow or cutsotial account line 1 1												
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d Grants or scholarships												
e Other expenditures for facilities and programs												
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f Administrative expenses												
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b Buildings		Description of property			• •		. ,			(d) Boo	k valu	e
c Leasehold improvements	1a	Land										
d Equipment 126,524. 112,531. 13,993. e Other	b	Buildings										
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 13,993.	с	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	d	Equipment			12	26,524.		112,5	31.	1	3,9	93.
											<u> </u>	
	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10</u>	<u>c, column</u>	<u>(B))</u>					-	

Schedule D (Form 990) 2023

Schedule [) (Form 990) 2023	FOSTER	CARE	REVIEW,	INC.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX **Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	

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) 2023

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332053 09-28-23

	edule D (Form 990) 2023 FOSTER CARE REVIEW, INC.				0118944 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,090,266.
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	226,792.		
с	Recoveries of prior year grants	2c			
d			-525.		
е	Add lines 2a through 2d			2e	226,267.
3	Subtract line 2e from line 1			3	1,863,999.
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			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
с					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,863,999.
5			Expenses per F		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ents With	Expenses per F		n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ients With	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	ients With	Expenses per F	Retur	n
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Retur	n
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	Expenses per F	Retur	n
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Retur	n
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F	Retur	n
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Retur	n
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n 2,161,678.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	n 2,161,678. 226,792.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n 2,161,678. 226,792.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	Expenses per F	1 2e	n 2,161,678. 226,792.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other statements Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per F	1 2e	n 2,161,678. 226,792.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	Expenses per F	leturi 1 2e 3	n 2,161,678. 226,792. 1,934,886.

~ ~ . .

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

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ENTITY AND IS EXEMPT
FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE.
UNRELATED BUSINESS INCOME, OF WHICH THE ORGANIZATION HAD NONE FOR THE
YEARS ENDED JUNE 30, 2024 AND 2023, WOULD BE SUBJECT TO FEDERAL INCOME
TAXES. THE ORGANIZATION'S INFORMATION RETURNS FILED WITH THE INTERNAL
REVENUE SERVICE HAVE NOT BEEN EXAMINED IN THE PAST. THE ORGANIZATION IS
NOT AWARE OF ANY UNCERTAINTIES THAT COULD JEOPARDIZE ITS NOT-FOR-PROFIT
STATUS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES IS DEEMED
NECESSARY.

 THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX PROVISIONS

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 Schedule D (Form 990) 2023

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 2023.05000 FOSTER CARE REVIEW, INC. 962950.1

Schedule D (Form 990) 2023 FOSTER CARE REVIEW, INC. 65-0118944 Page 5 Part XIII Supplemental Information (continued) 65-0118944 Page 5
ADDRESSED BY ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE
ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2024, FOR WHICH
THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT FOR WHICH THERE IS
UNCERTAINTY ABOUT THE TIMING OF SUCH DEDUCTIBILITY. THE ORGANIZATION
RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN
INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSE. THE ORGANIZATION HAS
DETERMINED THAT NO AMOUNT IS REQUIRED TO BE ACCRUED FOR TAXES OR RELATED
PENALTIES AND INTEREST FOR ANY TAX POSITION TAKEN THROUGH JUNE 30, 2024.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
UNREALIZED GAINS/LOSSES -525.

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 ,	or if the	2023
Department of the Treasury	U	Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest informatior	ı.		Inspection
Name of the organization		CARE REVIEW, INC.					Employerid	entification number
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1		
required to	complete this part	i.						
 a Mail solicitat b Internet and c Phone solici d In-person so 	ions email solicitations tations licitations		ion of ion of fundra	non-g gover iising	overnment grants nment grants events	tees,	or	
		art VII) or entity in connection with pr			•		Ye	
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which th	ne fur	ndraiser is to b	0e
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (ơ	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total	· · · · · · ·			<u></u>				
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	IT IS 6	exempt from r	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 LUNCHEON – CLAWS FOR KI		(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	417 570
	1 Gross receipts	362,666.	54,904.		417,570
:	2 Less: Contributions	307,688.	34,553.		342,241
;	3 Gross income (line 1 minus line 2)	54,978.	20,351.		75,329
.	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	46,874.	14,783.		61,657
	9 Entortainment	593			593
	8 Entertainment9 Other direct expenses		5,568.		13,079
	0 Direct expense summary. Add lines 4 through				75,329
	\$15,000 on Form 990-EZ, line 6a.				
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
				(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	1 Gross revenue 2 Cash prizes			(c) Other gaming	
	Gross revenue Cash prizes Noncash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	Gross revenue Cash prizes Noncash prizes Rent/facility costs	%		(c) Other gaming	
. :	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses		bingo/progressive bingo	☐ Yes%	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		bingo/progressive bingo	☐ Yes %	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (
: ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	 Gross revenue	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: _ activities in each of these	bingo/progressive bingo	Yes%	col. (a) through col. (

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Schedule G (Form 990) 2023

Sche	edule G (Form 990) 2023	FOSTER	CARE	REVIEW,	INC.	6	5-0118	944	Page 3
11	Does the organization conduct ga	aming activities	s with nonm	embers?				Yes	No
	Is the organization a grantor, bene								
	to administer charitable gaming?						🗀	Yes	No
	Indicate the percentage of gaming						120	1	07
	The organization's facilityAn outside facility								<u>%</u>
	Enter the name and address of th								/0
					- 33				
	Name								
	Address								
15a	Does the organization have a con	tract with a thi	rd party froi	m whom the o	ganization receives g	aming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gam	ing revenue re	ceived by th	ne organizatior	n \$	and the amour	nt		
	of gaming revenue retained by the	e third party	\$						
с	If "Yes," enter name and address	of the third pa	rty:						
	N1								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
				-					
	Description of services provided								
	Director/officer	Employe	e	Indep	endent contractor				
	Mandatory distributions:								
а	Is the organization required under				• • • •			Yes	No No
b	retain the state gaming license? Enter the amount of distributions					anizations or spent in th		162	
~	organization's own exempt activit			\$			0		
Pa	rt IV Supplemental Infor						d Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Al	so provide a	any additional	information. See instr	uctions.			
33208	3 09-13-23		_			So	chedule G (Form	990) 2023
		0.01		37				_	

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Schedule G	(Form	990)	

Part IV Supplemental Information (continued)	
332084 04-01-23	Schedule G (Form 990)

SCHEDULE O (Form 990)

Name of the organization

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.



65 - 0118944

FOSTER CARE REVIEW, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOSTER CARE REVIEW, INC., D/B/A FLORIDA FOSTER CARE REVIEW (FFCR)

PROMOTES THE SAFETY, WELL-BEING AND LONG-TERM SUCCESS OF ABUSED AND

NEGLECTED CHILDREN AND YOUTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ABUSED OR NEGLECTED CHILDREN IN MIAMI-DADE COUNTY'S FOSTER CARE SYSTEM.

WITH GUIDANCE AND SUPERVISION BY FFCR'S STAFF, CRP VOLUNTEERS INTERVIEW

THE YOUTH, HIS/HER CASE MANAGER, AND CAREGIVERS; AND SCOUR MEDICAL

REPORTS, EDUCATIONAL RECORDS AND THERAPY RECORDS TO IDENTIFY CRITICAL

GAPS IN THE CHILD'S CARE. EACH FFCR REVIEW HEARING CULMINATES IN AN

INDIVIDUALLY-TAILORED SET OF RECOMMENDATIONS TO ADDRESS EACH CHILD'S

UNMET NEEDS TO ENSURE A SAFE, TIMELY AND PERMANENT EXIT FROM THE

SYSTEM. ONCE APPROVED BY THE DEPENDENCY COURT JUDGE, THESE

RECOMMENDATIONS BECOME BINDING AND ENFORCEABLE COURT ORDERS. FFCR STAFF

ENGAGE IN POST-REVIEW ADVOCACY EFFORTS TO ENSURE THAT ALL

TIME-SENSITIVE SAFETY AND WELL-BEING NEEDS ARE PROPERLY ADDRESSED.

FFCR'S PERMANENCY ROUNDTABLE (PRT) PROGRAM CURATES AND CONVENES AN

INDIVIDUALIZED MULTI-DISCIPLINARY TEAM FOR EACH CHILD SERVED AND

FACILITATES AN INITIAL PRT SESSION TO DEVELOP A CUSTOMIZED AND

STRATEGIC PERMANENCY ACTION PLAN. EVERY PRT TEAM RECONVENES FOR

SUBSEQUENT ROUNDTABLE SESSIONS EVERY 30-45 DAYS TO REVIEW PROGRESS

TOWARDS THE CHILD'S PERMANENCY GOAL, TO MODIFY THE PLAN AS NEEDED AND

 TO
 TACKLE
 CHALLENGES
 AND
 BREAK
 THROUGH
 BARRIERS
 FFCR'S
 PROGRAM
 STAFF

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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 11-14-23
 Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2				
Name of the organization FOSTER CARE REVIEW, INC.	Employer identification number 65-0118944				
COORDINATE THESE FOLLOW-UP ROUNDTABLES UNTIL THE CHILD REACHES					
PERMANENCY. BETWEEN SESSIONS, FFCR TACKLES TIME-CONSUMING	PERMANENCY. BETWEEN SESSIONS, FFCR TACKLES TIME-CONSUMING TASKS,				
INCLUDING FAMILY FINDING, AND EXPLORES WAYS TO SAFELY RE-C	ONNECT				
CHILDREN WITH FAMILY. STAFF MINE COURT FILES FOR CRUCIAL INFORMATION					
AND WORK TO MATCH CHILDREN WITH PROSPECTIVE FAMILIES. THEY ALSO ENGAGE					
AND SUPPORT PROSPECTIVE ADOPTIVE FAMILIES BY HELPING TO REMOVE BARRIERS					
TO ADOPTION AND PROVIDE SUPPORT TO YOUTH WHO HAVE QUESTION	TO ADOPTION AND PROVIDE SUPPORT TO YOUTH WHO HAVE QUESTIONS AND				
CONCERNS ABOUT THE ADOPTION PROCESS.					
FFCR'S CONNECT 2 COMMUNITY (C2C) INITIATIVE ENRICHES THE L	IVES OF				
CHILDREN WHO ARE SERVED BY FFCR BY CONNECTING THEM TO NEW	EXPERIENCES				
THAT ARE INDIVIDUALLY TAILORED TO MEET EACH CHILD'S UNIQUE NEEDS,					
INTERESTS AND/OR GOALS. PROGRAM STAFF LEVERAGE FFCR'S EXTENSIVE NETWORK					
OF COMMUNITY-BASED ORGANIZATIONS, CORPORATIONS AND VOLUNTEERS TO CREATE					
A VARIETY OF "COMMUNITY CONNECTIONS," SUCH AS ENGAGING IN ATHLETIC					
ACTIVITIES, EQUINE THERAPY, RESUME WORKSHOPS AND COLLEGE ESSAY					
GUIDANCE. FOR CHILDREN WAITING TO BE ADOPTED, CONNECTIONS	ТО				
COMMUNITY-BASED ACTIVITIES AND RESOURCES CAN ALSO HELP PRO	MOTE				
PERMANENCY BY ENHANCING THE CHILD'S SELF-ESTEEM AND SENSE	OF				
SELF-WORTH. TO ENSURE LONG-TERM STABILITY AND PREVENT RE-E	NTRY INTO				
FOSTER CARE FOR CHILDREN WHO HAVE BEEN ADOPTED, REUNIFIED,	PLACED UNDER				
PERMANENT GUARDIANSHIP OR AGED OUT OF FOSTER CARE, FFCR'S C2C					
INITIATIVE EXTENDS TO CHILDREN, YOUNG ADULTS AND THEIR CAR	EGIVERS WHO				
NO LONGER HAVE AN OPEN FOSTER CARE (DEPENDENCY) CASE. FOR THESE					
CHILDREN, FFCR TEAM MEMBERS REACH OUT EVERY 60 DAYS OR MORE TO PROVIDE					
PRACTICAL GUIDANCE, ONGOING EMOTIONAL SUPPORT AND LINKAGES	TO COMMUNITY				
RESOURCES.					

332212 11-14-23

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

THE 990 IS SHARED WITH THE MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW

BEFORE FILING. AFTER FILING IT IS SHARED WITH THE MEMBERS AT THE NEXT

SCHEDULED BOARD MEETING AND IS AVAILABLE UPON REQUEST.

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

UNDER THE CURRENT POLICY, THE BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR.

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

LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL:

THE BOARD CHAIR CONDUCTS A COMPENSATION STUDY OF THE COMPARABLE SALARIES

FOR CEO AND DISCUSSES WITH THE BOARD.

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

THE 990 IS AVAILABLE ON MANY PUBLIC 501(C)3 SEARCH SITES. GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE SHARED WITH BOARD MEMBERS

AND EMPLOYEES UPON ORIENTATION. THE AUDITED FINANCIAL STATEMENTS AND 990

ARE SHARED WITH THE FULL BOARD OF DIRECTORS, FUNDERS AND OTHERS UPON

REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

332212 11-14-23