





700 W 47th Street, Suite 1100 Kansas City, MO 64112

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FOSTERADOPT CONNECT INC. 18600 E 37TH TERRACE INDEPENDENCE, MO 64057

FOSTERADOPT CONNECT INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

CBIZ MHM, LLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2021

PREPARED FOR:

FOSTERADOPT CONNECT INC. 18600 E 37TH TERRACE INDEPENDENCE, MO 64057

PREPARED BY:

CBIZ MHM, LLC 700 WEST 47TH STREET, SUITE 1100 KANSAS CITY, MO 64112

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

r calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20
, , , , ,		

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN FOSTERADOPT CONNECT INC. 43-1895965 LORI ROSS

Name and title of officer or person subject to tax

PRESIDENT AND CEO

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

1a	Form 990 check here ► X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	ть <u>8,168,684</u> .
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signati	ure Authorization of Officer or Person Subject to Tax	
Jnder _I	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with res	spect to (name
of entit	y)	, (EIN) and that I hav	e examined a copy of the
2021 e	lectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tr	ue, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

X I authorize	CBIZ MHM,	LLC		to enter my PIN	12345
			ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed

return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. gnature of officer or person subject to tax

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

48373534187

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date - 11/14/22 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

A I	For th	e 2021 calendar year, or tax year beginning	and	l ending	_				
	Check if applicab				D Employer	identific	cation number		
Г	Addre								
Е	Name			43-1895965					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone	number					
	Final return	18600 E 37TH TERRACE	816-3	350-0	0215				
	termir ated	5 1	ode		G Gross receipts	\$	11,354,911.		
	Amen	INDEPENDENCE, MO 04057			H(a) Is this a group return				
	Application pendi	F Name and address of principal officer. DONE 1000			for subor				
_		SAME AS C ABOVE			1		cluded? Yes No		
			947(a)(1)	or 527	1		list. See instructions		
_		te: ► WWW.FOSTERADOPT.ORG f organization: X Corporation Trust Association Other Other		I Veer	H(c) Group ex		n number ► 1 State of legal domicile: MO		
	art I			L Year	or formation: 20	J U U N	State of legal domicile: MO		
	1	Briefly describe the organization's mission or most significant activities:	SEE	SCHEDII	LE O				
Se	'	briefly describe the organization's mission of most significant activities.	<u> </u>	БСППБО					
Governance	2	Check this box if the organization discontinued its operations of	or dispo	sed of more	than 25% of its	net ass	ets.		
Ver	3		•			1 1	16		
	4	Number of independent voting members of the governing body (Part VI, li					16		
တ္တ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2					297		
Vitie	6	Total number of volunteers (estimate if necessary)				. 6	108		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				. 7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				7b	0.		
					Prior Year		Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)			2,443,9		8,910,286.		
en.	9	Program service revenue (Part VIII, line 2g)			6,620,3		686,941.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			17,3 94,5		-1,405,168. -23,375.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			9,176,2		8,168,684.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines and similar amounts paid (Part IX, column (A), lines 1-3)			268,4		245,730.		
	14	5 5 11 5 1 (5 11)(1 (6) 11 4)		200, 3	0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)			5,657,4		7,038,920.		
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		- , , -	0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,057,6	584.	1,813,018.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			6,983,5		9,097,668.		
	19	Revenue less expenses. Subtract line 18 from line 12			2,192,6	553.	-928,984.		
Net Assets or	3				ginning of Curren		End of Year		
Ssets	20	Total assets (Part X, line 16)			11,491,2		12,161,256.		
et A	21	Total liabilities (Part X, line 26)			1,314,8		1,594,359.		
Ž.	22 art II	Net assets or fund balances. Subtract line 21 from line 20			10,176,4	£∠9.	10,566,897.		
		alties of perjury, I declare that I have examined this return, including accompanying	cchadula	e and etateme	unter and to the he	act of my	knowledge and helief it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all informa				-	knowledge and belief, it is		
truo	, 00110	A and somplete. Declaration of property (early than officer) to based on an informa-	tion or w	mon proparor	That arry knowledg	<i>j</i> 0.			
Sig	n	Signature of officer			Date				
Her		LORI ROSS, PRESIDENT AND CEO							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		l		Check	PTIN		
Paid	i	LISA BURKE LISA BURKE		1	1/14/22				
	parer	Firm's name CBIZ MHM, LLC			Firm's	EIN 🛌	34-1874260		
Use	Only	Firm's address 700 WEST 47TH STREET, SUITE	1100	0					
		KANSAS CITY, MO 64112			Phone	no.81	6-945-5500		
May	the I	RS discuss this return with the preparer shown above? See instructions					X Yes No		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: FOSTERADOPT CONNECT'S MISSION IS TO PROVIDE FOSTER AND ADOPTIVE
	CHILDREN A STABLE, LOVING AND NURTURING FAMILY ENVIRONMENT BY SUPPORT
	AND ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN AND THE FAMILIES CARING
	FOR THEM.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 7,069,543. including grants of \$ 245,730.) (Revenue \$ 8,168,684.)
44	FOSTER ADOPT CONNECT WORKS WITH CHILDREN, YOUTH, AND FAMILIES AS THEY
	NAVIGATE THE COMPLEXITIES OF THE CHILD WELFARE SYSTEM. WITH THE HELP OF
	INNOVATIVE TOOLS, A DEDICATED PROFESSIONAL STAFF, AND OVER 20 YEARS OF
	EXPERIENCE WORKING IN THE KANSAS AND MISSOURI FOSTER CARE SYSTEMS,
	WE'RE EQUIPPED TO CONNECT CHILDREN WITH FAMILIES THAT PROVIDE LOVE,
	HEALING, AND STABILITY FOR A BRIGHTER FUTURE. THOSE PROGRAMS THAT HELP
	CONNECT, HEAL AND PROVIDE STABILITY INCLUDE 30 DAYS TO FAMILY,
	BEHAVIORAL HEALTH MEMBERSHIP PROGRAM, BEHAVIORAL INTERVENTIONIST,
	COMMUNITY CONNECTION YOUTH PROJECT, CONNECT CAF, EXTREME FAMILY
	FINDING, FOOD PANTRY/CLOTHING CLOSET, FOSTERING PREVENTION, KINSHIP
	NAVIGATOR, LAWYERS FOR KIDS GRANTS, LEGAL ADVOCACY, RESPITE CARE,
	SUPPORT GROUPS, AND YOUTH CONNECT CENTER.
4b	(Code:) (Expenses \$
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,069,543.
	Form 990 (2021)

Form 990 (2021) FOSTERADOPT CONNECT INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		х
•	Schedule D, Part III	l °		-25
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?			х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		₹.
	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	<u> </u>	
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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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,"	"		
.9	·	19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21		,,		х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form	990 (2021) FOSTERADOPT CONNECT INC. 43-18 TIV Checklist of Required Schedules (continued)	95965	P	age 2
Fai	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	12		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

(gambling) winnings to prize winners?

FOSTERADOPT CONNECT INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 297									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3а	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								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>						
b	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).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>X</u> _						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	O.D								
	• • • • • • • • • • • • • • • • • • • •	7a	х							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		X							
·	to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
	5:11	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?									
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									
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.)									
	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	4								
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans 13b	-								
	Enter the amount of reserves on hand Did the exemplation receive any payments for indeed temping convices during the tay year?	14a		x						
	, , , , , , , , , , , , , , , , , , ,									
15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b								
13	excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.	13								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.	"								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.									

FOSTERADOPT CONNECT INC. 43-1895965 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? 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 b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 17b 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

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	NONE

18600 E 37TH TERRACE, INDEPENDENCE,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JIM KEENEY - 816-659-9353

Form **990** (2021)

16h

MO

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

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

Section 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, 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		nne	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pe	rson i	is both	n an	compensation	compensation	amount of
	week	-	cer an	ia a a	irecto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	idual	ution	 	Key employee	est co	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			_
(1) LORI ROSS	40.00									
PRESIDENT AND CEO				X				176,975.	0.	11,084
(2) BRIDGETT MYERS	40.00									
CHIEF DEVELOPMENT OFFICER				X				135,739.	0.	12,324
(3) JENNIFER JOHNSON	40.00									
CHIEF OPERATIONS OFFICER				X				140,006.	0.	20,226
(4) ALLISON GREGORY	40.00								_	
PRESIDENT OF REGIONAL DEVELOPMENT				Х		_		76,238.	0.	8,612
(5) JIM KEENEY	40.00	1								
CHIEF FINANCIAL OFFICER				X				65,112.	0.	11,761
(6) LEON FISHER	40.00	-								
CHIEF FINANCIAL OFFICER	1			X		_		36,079.	0.	8,283
(7) DAVID WOODS	1.00								_	
CHAIR	1 00	Х		Х		┝		0.	0.	0
(8) BILL SCHWARZ	1.00	.,		,,					_	
ASSISTANT BOARD CHAIR	1 00	Х		Х		-		0.	0.	0
(9) BECKY JOYCE	1.00	3,7		٦,					_	_
SECRETARY	1 00	Х		Х		┝		0.	0.	0
(10) LEE DRIVER	1.00	Х		37					_	_
TREASURER	1.00	Δ		X		┢		0.	0.	0
(11) EUGENE BALLOUN BOARD MEMBER	1.00	Х						0.	0.	0
(12) IVAN CORTES	1.00	Λ				\vdash		0.	0.	<u>_</u>
BOARD MEMBER	1.00	Х						0.	0.	0
(13) TIM DECKER	1.00	Λ				┢		0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(14) DOUGLAS GHERTNER	1.00	72				\vdash		0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0
(15) MARK HEGARTY	1.00									
BOARD MEMBER	1.00	х						0.	0.	0
(16) STEPHEN KAINE	1.00					\vdash			•	
BOARD MEMBER		х						0.	0.	0
(17) RAIMONDA SHELTON (KING)	1.00	T-				t			•	
BOARD MEMBER		х	ı	l	l	1		0.	0.	0

Form **990** (2021)

Form 990 (2021) FOSTERADO	PT CONN	IEC	T	IN	ſС.				43-18	39 <u>5</u>	965	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) (B) Name and title Average hours provided week		box	not c , unle	Positheck is so per and a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensa om the anizat d relat unizati	e ion ed
(18) KEN MARKER BOARD MEMBER	1.00	х						0.		0.			0.
(19) MELANIE MCDOLE BOARD MEMBER	1.00	х						0.		0.			0.
(20) MARGI PENCE BOARD MEMBER	1.00	x						0.		0.			0.
(21) PAUL POTTER	1.00												
BOARD MEMBER (22) CLAYTON YEARNS	1.00	X						0.		0.			0.
BOARD MEMBER		Х						0.		0.			0.
							L	630,149.		0.	7	2 2	90.
1b Subtotal c Total from continuation sheets to Part VII	, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							o re	630,149. eceived more than \$100,	000 of reportable	0.		2,2	
compensation from the organization												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so											3		Х
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		4	Х	
and related organizations greater than \$150Did any person listed on line 1a receive or a	ccrue comper	ısati	on f	rom	any	unre	elate	ed organization or individ	lual for services			21	37
rendered to the organization? f "Yes." com Section B. Independent Contractors	plete Schedul	e J f	or si	ıch r	oers	on					5		X
 Complete this table for your five highest con the organization. Report compensation for t 	•	-							•	ensat	tion fro	m	
(A) Name and business	address	NO	ONI	3				(B) Description of s	ervices	С	(C Comper		n
Total number of independent contractors (in	ncluding but n	ot lir	nite	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				()					Form	9 90 (2021)

			Check if Schedule O contain	s a response	or note to anv lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
SΩ	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ନ୍ଦ୍ର ପ୍ର			Fundraising events		302,620.				
ffs, r A			Related organizations		, -				
nia G			Government grants (contribution		3,351,752.				
Sir			All other contributions, gifts, grants,		, , ,				
uti Je		•	similar amounts not included above		5,255,914.				
gig		~	Noncash contributions included in lines 1a-		, , = ,				
οn		_	Total. Add lines 1a-1f			8,910,286.			
<u> </u>		<u>''</u>	Total. Add lines 1a 11		Business Code	1/12/72/1			
	2	a	LICSENSING INCOME		624100	419,205.	419,205.		
Vice			KANSAS ADOPTION EXCHANGE		624100	185,097.	185,097.		
Ser		-	KANSAS POST ADOPTION RESC	OURCE CEN	624100	66,601.	66,601.		
m S		•	JOHNSON COUNTY MENTAL HEA		624100	16,038.	16,038.		
gra Re		e				· , · · · · ·			
Program Service Revenue			All other program service revenu						
_			Total. Add lines 2a-2f			686,941.			
	3	9	Investment income (including div			, , , , , , , , , , , , , , , , , , ,			
	Ŭ		other similar amounts)			2,133.			2,133.
	4		Income from investment of tax-e			- 7 - 1 - 7			
	5		Royalties						
	Ŭ		Thoyanties	(i) Real	(ii) Personal				
	6	a	Gross rents 6a	22,867.	()				
			Less: rental expenses 6b	0.					
			Rental income or (loss) 6c	22,867.					
			Net rental income or (loss)	, -		22,867.			22,867.
			` '	(i) Securities	(ii) Other	,			,
	•	_	assets other than inventory 7a	(7	1680868.				
		h	Less: cost or other basis						
<u>o</u>		~	and sales expenses 7b		3088169.				
enn		c	Gain or (loss) 7c		-1407301.				
Jev			Net gain or (loss)		•	-1,407,301.	-1407301.		
her Revenue			Gross income from fundraising even						
됩			including \$ 302,6						
			contributions reported on line 10	s). See					
			Part IV, line 18	8a	51,816.				
		b	Less: direct expenses		98,058.				
			Net income or (loss) from fundra			-46,242.			-46,242.
			Gross income from gaming activ						
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less ret						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of)				
					Business Code				
Miscellaneous Revenue	11	а							
ane inu		b							
Sell		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions		>	8,168,684.	-720,360.	0.	-21,242.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a respons	se or note to any line in t		(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	245,730.	245,730.		
3	Grants and other assistance to foreign		,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	702,438.	577,291.	62,273.	62,874
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,276,766.	4,360,240.	419,349.	497,177
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	618,494.	514,573.	42,420.	61,501 41,213
10	Payroll taxes	441,222.	366,154.	33,855.	41,213
11	Fees for services (nonemployees):				
а	Management				
b	Legal	44,404.		44,404.	
С	Accounting	36,366.		36,366.	
d	Lobbying	82,500.	68,193.	6,539.	7,768
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	183,831.	87,447.	86,423.	9,961 2,660
12	Advertising and promotion	28,246.	23,347.	2,239.	2,660
13	Office expenses	344,465.	173,651.	147,314.	23,500
14	Information technology	108,108.	89,361.	8,568.	10,179
15	Royalties	212 245	056 445	0.4. 5.0.0	00 010
16	Occupancy	310,247.	256,445.	24,590.	29,212
17	Travel	101,634.	84,009.	8,055.	9,570
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 071		7 071	
19	Conferences, conventions, and meetings	7,971.		7,971.	
20	Interest	34,737.		34,737.	
21	Payments to affiliates	202 000	167 060	16 007	10 100
22	Depreciation, depletion, and amortization	203,088.	167,869.	16,097.	19,122
23	Insurance	89,143.		89,143.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DUES & SUBSCRIPTIONS	183,045.		183,045.	
b	CAPACITY BULDING	25,206.	25,206.	,	
c	OTHER EXPENSES	21,406.	21,406.		
d	PARENT TRAINING	8,621.	8,621.		
	All other expenses	·	•		
25	Total functional expenses. Add lines 1 through 24e	9,097,668.	7,069,543.	1,253,388.	774,737
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,445,907.	1	4,300,774.		
	2	Cash - non-interest-bearing Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			549,789.	3	1,462,754.
	4	Accounts receivable, net			225,660.	4	136,358.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese persor	ns		5	
	6	Loans and other receivables from other disqu	alified perso				
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,531.	8	0.
As	9	B			24,087.	9	55,501.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,482,846.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,276,977.	7,238,271.	10c	6,205,869.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			11,491,245.	16	12,161,256.
	17	Accounts payable and accrued expenses			258,091.	17	521,602.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer office	r, director,			
<u>ii</u>		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persor	ns		22	
	23	Secured mortgages and notes payable to unr	elated third	parties	1,003,747.	23	969,453.
	24	Unsecured notes and loans payable to unrela	ted third pa	ırties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X			
		of Schedule D			52,978.		103,304.
	26	Total liabilities. Add lines 17 through 25			1,314,816.	26	1,594,359.
"		Organizations that follow FASB ASC 958, c	heck here	► X			
ĕ		and complete lines 27, 28, 32, and 33.			E 512 010		0 560 055
<u>la</u>	27	Net assets without donor restrictions			7,513,819.	27	8,568,355.
B	28	Net assets with donor restrictions			2,662,610.	28	1,998,542.
S E		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🔲			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
Se	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			10 15 100	31	10 566 005
Se	32	Total net assets or fund balances			10,176,429.	32	10,566,897.
	33	Total liabilities and net assets/fund balances			11,491,245.	33	12,161,256.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,09		
3	Revenue less expenses. Subtract line 2 from line 1	3	-92		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,17	<u>6,4</u>	<u> 29.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,31	9,4	<u>52.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,56	6,8	<u>97.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	$oxed{oxed}$
	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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number Name of the organization FOSTERADOPT CONNECT INC. 43-1895965 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	20.0 г., р.оа		,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	790,578.	1228902.	4749327.	2443999.	8910286.	18123092.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	790,578.	1228902.	4749327.	2443999.	8910286.	18123092.
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)						2587506.
	Public support. Subtract line 5 from line 4.						15535586.
Sec	ction B. Total Support	T	Γ		T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	790,578.	1228902.	4749327.	2443999.	8910286.	18123092.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			46 846	4 = 0.40		
	and income from similar sources	392.	4,813.	16,716.	17,342.	25,000.	64,263.
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.)						10107255
11	Total support. Add lines 7 through 10						18187355.
12	Gross receipts from related activities,	•	,				,001,734.
13	First 5 years. If the Form 990 is for the		rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
800	organization, check this box and stop ction C. Computation of Publi		······································				<u> </u>
	•			l (f))		44	85.42 %
	Public support percentage for 2021 (I					14	<u> </u>
15	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the containing and life is						▶ ▼
	stop here. The organization qualifies		-		line 45 in 00 4/00/		
D	33 1/3% support test - 2020. If the condition have						
470	and stop here. The organization qualifies as a publicly supported organization						
17a		-					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
L-		-	•		-	70 and line 15 in	
a	10% -facts-and-circumstances test	-					10% Of
	more, and if the organization meets the				-		▶□
40	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	ni dia not check a	box on line 13, 16a	a, 100, 1/a, 0r 1/b	, cneck this box ai	nu see instructions	s

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	_	T	_	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						+
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						+
	Total support. (Add lines 9, 10c, 11, and 12.)					10.47.20	<u></u>
14	First 5 years. If the Form 990 is for th	-		· · · · · · · · · · · · · · · · · · ·			. —
<u>S</u>	check this box and stop here ction C. Computation of Publi		reentage				P
	Public support percentage for 2021 (I			actions (f)		15	0/
	Public support percentage for 2021 (i					16	81.74 %
	ction D. Computation of Inves					16	81.74 %
	Investment income percentage for 20			ne 13 column (fl)		17	06
18						18	.17 %
	33 1/3% support tests - 2021. If the			on line 14, and line			, -
136	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
2-		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
0		
8		
9a		
9b		
00		
9с		
10a		<u></u>
10b		
100		

132024 01-04-21

Schedule A (Form 990) 2021

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			
	7	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			
_	and organization maintained a close and commission many relationship man and capported organization (o).	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			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.	Bb		

Sche	dule A (Form 990) 2021 FOSTERADOPT CONNECT INC			43-1895965 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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			

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

d Excess from 2020e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization	Employer identification number
FOSTERADOPT CONNECT INC.	43-1895965
Organization type (check one):	

Filers of:	Section:						
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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						
Note: Only a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
property) from any	ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.						
contributor, during literary, or educatio	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.						
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FOSTERADOPT CONNECT INC.

43-1895965

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,143,517</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,123,069</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,700,515</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 338,217.	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		\$ <u>253,219.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

FOSTERADOPT CONNECT INC.

43-1895965

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		 \$	
123/153 11-11		-	Schedule B (Form 990) (2021)

Page 4

Name of organization **Employer identification number** FOSTERADOPT CONNECT INC. 43-1895965 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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 that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
_	FOSTERA	DOPT CONNECT INC			43-1895965
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
	Provide a description of the organiz	•	. •		
	Political campaign activity expendit				S0.
3	Volunteer hours for political campai	gn activities			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	> §	S
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/01
_	art I-C Complete if the org	•			• • • • • • • • • • • • • • • • • • • •
	Enter the amount directly expended		•		S
2	Enter the amount of the filing organ				
	exempt function activities				S
3	Total exempt function expenditures			•	
	line 17b				
4	3 3				
5	Enter the names, addresses and en made payments. For each organiza		•	~	
	contributions received that were pro	·			·
	political action committee (PAC). If			•	o cogregatou tanta or a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(5) / (441055	(0) = 111	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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2021

LHA

132041 11-03-21

		r CONNECT IN			895965 Page 2
Part II-A Complete if the org	janization is exe	mpt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check 🕨 🔲 if the filing organiza	ation belongs to an af	filiated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	re of excess lobbying	expenditures).			
B Check 🕨 🔛 if the filing organiza	ation checked box A a	and "limited control" pro	visions apply.	Г	Г
Limi	ts on Lobbying Expe	enditures		(a) Filing	(b) Affiliated group
		unts paid or incurred.)		organization's totals	totals
				totalo	
1a Total lobbying expenditures to influ	• •			00 500	
b Total lobbying expenditures to influ				82,500.	0.
c Total lobbying expenditures (add li				82,500.	0.
d Other exempt purpose expenditure				9,015,168.	
e Total exempt purpose expenditure	•	,		9,097,668.	0.
f Lobbying nontaxable amount. Ente				604,883.	0.
If the amount on line 1e, column (a) o	1	bbying nontaxable am	ount is:		
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,000		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000),000.			
				151 001	
g Grassroots nontaxable amount (en	•			151,221.	0.
h Subtract line 1g from line 1a. If zer	•			0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than ze		,		Г	
reporting section 4911 tax for this					Yes No
(Como ouganizations t		veraging Period Under	` '	. f. 41a fi a.	
(Some organizations t		rate instructions for lir	•	of the five columns be	low.
		enditures During 4-Yea			
			Averaging Feriou		
Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(or fiscal year beginning in)	(a) 2010	(b) 2013	(6) 2020	(u) 2021	(e) rotar
On Labbying partayable amount	466,062	458,205.	463,381.	604 883	1,992,531.
2a Lobbying nontaxable amount	400,002	430,203.	403,301.	004,003.	1,992,331.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,988,797.
(130% of life 2a, coldifice))					2,900,191.
c Total lobbying expenditures	44,700	66,000.	59,500.	82,500.	252,700.
c Total lobbying experiditures	44,700	00,000.	35,500.	02,500.	232,700.
d Grassroots nontaxable amount	116,516	114,551.	115,845.	151,221.	498,133.
Grassroots nontaxable amount Grassroots ceiling amount	110,510	117,3310	113,043.	191,221.	±20,133•
(150% of line 2d, column (e))					747,200.
(10070 01 mio 2a, colaimi (c))					747,200
	1	1	1	i .	1

Schedule C (Form 990) 2021

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)).

uring the year, did the filing organization attempt to influence foreign, national, state, or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: Diunteers? Diunteers	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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 ax, did it file Form 4720 for this year? art III—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6); 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 the prior year? 1 Dues, assessments and similar amounts from members 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Tart III-B, complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 15(c)(6) on deductible lobbying and political expenditures (do no	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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for liobtying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 of If the filing organization incurred a section 4912 tax, idid it file Form 4720 for this year? 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization argare to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization argare to carry over lobbying and political expenditures from the prior year? 3 Did the organization argare to carry over lobbying and political expenditures of \$2,000 or less? 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid). a Current year b Carryover fro	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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did if the Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 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 the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenditure stop of the excess does the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditure expend	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: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Wes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues a Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expension of the excess does the	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	b)
cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: bluinteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? ablications, or published or broadcast statements? rants to other organizations for lobbying purposes? rect contact with legislators, their staffs, government officials, or a legislative body? allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, conventions) attailines, demonstrations, or a legislative body? allies (admonstrations, seminars, conventions) advertisements, and similar amounts from members attail (admonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, conventions) advertisements, and similar amounts from members attail (admonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, convention	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Domplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 16(c)(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 4 If notices were sent and the amount on line 2 cexceeds the	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. 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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 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 the prior year? 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenses for which the section 527(f) tax was paid). a Current year b Carrent year b Carrent year 2 De Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure expenditure ext year? 5 T	the lobbying activity.	Yes	No	Amo	ount
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	vart IV Supplemental Information		Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a	rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year? on 501(c)(5), "No" OR (b	or sec) Part I		
	, •	rt IV Supplemental Information	rt IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See	rt IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the trillary complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the se	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
	art IV Supplemental Information		ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Carryover from last year Carryover sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
axable amount of lobbying and political expenditures. See instructions 5		ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See			Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures. See instructions	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization FOSTERADOPT CONNECT INC. **Employer identification number** 43-1895965

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	· ·	I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ►		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
-	Accorded to the second to the		Manager and the state of the st
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ition easements during the year
	Does each conservation easement reported on line 2(d) above	a action the requirements of acetion 170	(b)(4)(D)(:)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements.	ote to the organization's infancial statem	ents that describes the
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	······································
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		' -
	the following amounts required to be reported under FASB AS		
а			> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

18541114 143399 423302

Pai	rt III Organizations Maintaining C	collections of Art	, Histo	orical Tre	asures, or	Other S	Similar A	ssets (continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check	any of the f	ollowing that	make sigr	ificant use	of its			
	collection items (check all that apply):										
а	Public exhibition	d	L	Loan or exc	hange progra	m					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how the	ey further th	ne organizatio	n's exemp	t purpose i	in Part XIII			
5	During the year, did the organization solicit of	or receive donations of	f art, his	torical treas	sures, or othe	r similar as	sets				
	to be sold to raise funds rather than to be ma								'es		No
Pai	rt IV Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on F	orm 990, P	art IV, line	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for c	ontributions	s or other ass	ets not inc	luded				_
	on Form 990, Part X?							🔲 Y	'es		No
b	If "Yes," explain the arrangement in Part XIII										
								Ar	mount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for e	scrow or cu	ıstodial accou	ınt liability	?	📖 Y	'es	느	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three year	s back (e	e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	(line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organizat	ion that	are held ar	nd administer	ed for the	organizatio	n	С		
	by:							_	\longrightarrow	Yes	No
	(i) Unrelated organizations								3a(i)	\longrightarrow	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization							L	3b		
4	Describe in Part XIII the intended uses of the		ment fu	ınds.							
Pai	t VI Land, Buildings, and Equipm		D-4 IV	line dde O	F 000	Dark V. Era	- 10				
	Complete if the organization answere							1			
	Description of property	(a) Cost or ot			or other	` '	umulated	(d)) Book	value	е
		basis (investm	ent)		(other)	depre	eciation		227		
1a	Land				7,862.	<u></u>	70 102		337		
b	Buildings				4,127.	0	78,183		905		
С.	Leasehold improvements				2,804.	E (9,829	_		9'	
	Equipment				8,206.	30	38,965		319		
	Other				9,847.				599 205		
ı ota	I. Add lines 1a through 1e. (Column (d) must e	anual Form 990 Part X	colum	n (R) line 1	UC)			- U,	U	,, 01	リ ラ・

Schedule D (Form 990) 2021

	CONNECT INC.	43	-1895965 Page
Part VII Investments - Other Securities.			y
Complete if the organization answered "Yes" of			1 - 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B 1 N / I'	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		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, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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) REFUNDABLE ADVANCE			103,304
(3)			•
(4)			
(5)			
, ,			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2021

(6) (7) (8)

	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Ret	urn.	_ cococo rago
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-		
1	Total revenue, gains, and other support per audited financial statements		1	9,488,136.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,488,136.
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 -1,319,452.		
С	Add lines 4a and 4b		4c	-1,319,452.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,168,684.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	s With Expenses per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	9,097,668.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	9,097,668.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,097,668.
Pa	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	nes 1b and 2b; Part V, line 4;	Part >	ζ, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al information.		

PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED EXEMPTION FROM INCOME TAXES BY THE INTERNAL REVENUE SERVICE UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. MANAGEMENT HAS ASSESSED THE EXPOSURE OF THE ORGANIZATION TO ANY UNCERTAIN TAX POSITIONS AND HAS CONCLUDED THAT NO MATERIAL UNCERTAIN TAX POSITIONS EXISTED AS OF DECEMBER 31, 2021 AND 2020. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX AUTHORITIES BEFORE 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVERSAL OF PRIOR YEAR UNREALIZED LOSS ON IMPAIRMENT OF

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the	organizatioı
-------------	--------------

FOSTERADORT CONNECT INC

Employer identification number

	DOPT CONNECT INC.				43-1895	965		
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
⁻ otal								
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration		

132081 10-21-21

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Schedule G (Form 990) 2021

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	, ,	vents with gross receipt	s greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
				RIBS FOR		(add col. (a) through	
			GALA	KIDS	2	col. (c))	
a)			(event type)	(event type)	(total number)	001. (0)	
'n							
Revenue	1	Gross receipts	265,118.	33,095.	56,222.	354,435.	
ш							
	2	Less: Contributions	240,342.	10,035.	52,243.	302,620.	
			04 ==6			-4 04-	
	3	Gross income (line 1 minus line 2)	24,776.	23,060.	3,979.	51,815.	
			0.40	112		0.50	
	4	Cash prizes	840.	113.		953.	
	_		0 520		0 225	17 07/	
w	5	Noncash prizes	8,539.		9,335.	17,874.	
Direct Expenses	_	Pont/facility costs	23,951.		2,828.	26,779.	
ç	6	Rent/facility costs	23,931.		2,020.	20,113.	
Û	7	Food and beverages	1,421.	23,549.	3,802.	28,772.	
irec	′	Food and beverages	1,421.	23,343.	3,002.	20,1121	
	8	Entertainment	6,447.			6,447.	
	9	Other direct expenses	8,764.	1,595.	6,874.	17,233.	
	_	Direct expense summary. Add lines 4 through	0: 1 (1)			98,058.	
		Net income summary. Subtract line 10 from li	. ,		_	-46,243.	
Pa	rt I	II Gaming. Complete if the organization a					
		\$15,000 on Form 990-EZ, line 6a.					
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue			(4) 5.1190	bingo/progressive bingo	(e) outlot garming	col. (a) through col. (c))	
Seve							
	1	Gross revenue					
es	2	Cash prizes					
ens	_						
Direct Expenses	3	Noncash prizes					
St.	_	Pont/facility costs					
Ö	4	Rent/facility costs					
	5	Other direct expenses					
		Other direct expenses	Yes %	Yes %	Yes %		
	6						
6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))		
9	En	ter the state(s) in which the organization condu	cts gaming activities: _				
а	ls t	the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No	
b	If "	No," explain:					
	_						
	_						
		ere any of the organization's gaming licenses re		-	ear?	Yes No	
b	If "	Yes," explain:					
	_						

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 FOSTERADOPT CONNECT INC. 43-	T Q G C G D T	D Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
Ŭ	The root, street that address of the till party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

132083 10-21-21

Schedule G	(Form 990)	FOSTERADOPT	CONNECT	INC.	43-1895965	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)				
		(continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the o								Employer identification number
- · · · · -	FOSTERADO		T INC.					43-1895965
	eneral Information on Grants a							
	ne organization maintain records t							
criteria ı	used to award the grants or assis	tance?						Yes X No
	e in Part IV the organization's pro							
	irants and Other Assistance to I ecipient that received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
1 (a) Nam	ne and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
=								
	otal number of section 501(c)(3) are			e line 1 table	<u> </u>	<u> </u>	<u>I</u>	• <u>0.</u> • 0.

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
T, UTILITIES, AND OTHER ASSISTANCE TO					
DIVIDUALS	443	149,530.	0.		
P ASSISTANCE	155	43,845.	0.		
PT A FAMILY	1504	19,041.	0.		
VED HOD VIDG	7.0	27 162	0.		
YER FOR KIDS	72	27,163.	0.		
OOL SUPPLIES	1146	6,151.	0.		
rt IV Supplemental Information. Provide the information	on required in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
_					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FOSTERADOPT CONNECT INC.

Employer identification number 43-1895965

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

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Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LORI ROSS	(i)	176,975.	0.	0.	7,938.	3,146.	188,059.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER JOHNSON	(i)	140,006.	0.	0.	7,952.	12,274.	160,232.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
1	(11)						<u> </u>	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FOSTERADOPT CONNECT INC.

Employer identification number 43-1895965

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOSTERADOPT CONNECT'S MISSION IS TO PROVIDE FOSTER AND ADOPTIVE
CHILDREN A STABLE, LOVING AND NURTURING FAMILY ENVIRONMENT BY SUPPORT
AND ADVOCACY FOR ABUSED AND NEGLECTED CHILDREN AND THE FAMILIES CARING
FOR THEM.
FORM 990, PART VI, SECTION B, LINE 11B:
990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12:
THE ORGANIZATION REVIEWS ON AN ANNUAL BASIS THE RELATIONSHIPS COVERED
PERSONS HAVE IDENTIFYING ANY CONFLICT THAT MIGHT EXIST. IF A CONFLICT IS
IDENTIFIED, THE PERSON WITH THE CONFLICT EXCUSES THEMSELVES OR IS ASKED TO
EXCUSE THEMSELVES FROM THE DISCUSSION AND/OR DECISION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE FOR IMMEDIATE DELIVERY UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
REVERSAL OF PRIOR YEAR UNREALIZED LOSS DUE TO IMPAIRMENT OF
LAND 1,319,452.

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

Schedule O (Form 990) 2021