Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning J U	IL I, ∠U∠U and	ending J	UN 30, 2021	•		
В	Check if applicable	C Name of organization			D Employer identifi	ication number		
_		nory ramity services Ad	loption and Fos	ter				
	Addre chang							
	Name chang	e Doing business as			95-16838	98		
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone numbe	er		
	Final return				(213)202			
	termir ated	City or town, state or province, country, and Z		G Gross receipts \$	617,249.			
	Amen return	Los Angeles, CA 90026		H(a) Is this a group r	eturn			
	Application	F Name and address of principal officer: Mal 1	anne Wright		for subordinates	s? Yes X No		
	pendi	same as C above			H(b) Are all subordinates i			
T :	Tax-ex	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions		
J	Websi	te: ► http://www.holyfamilyse	rvices.org		H(c) Group exemption	on number		
K	Form of	organization: X Corporation Trust Ass	ociation Other	L Year		M State of legal domicile: CA		
	art I	Summary			·	-		
_	1	Briefly describe the organization's mission or most s	significant activities: Adop	tion a	nd counseli	ng		
2 S		services.						
rra	2	Check this box leading if the organization discont	inued its operations or dispo	sed of more	than 25% of its net a	ssets.		
ove		Number of voting members of the governing body (F	•		3	13		
Ğ		Number of independent voting members of the gove				13		
8		Total number of individuals employed in calendar ye				7		
įŧį		Total number of volunteers (estimate if necessary)				13		
Activities & Governance		Total unrelated business revenue from Part VIII, colu				0.		
⋖		Net unrelated business taxable income from Form 9						
_			, ,		Prior Year	Current Year		
ø.	8	Contributions and grants (Part VIII, line 1h)			206,234.			
ğ	9			112,679.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a	and 7d)		2,638.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.			
		Total revenue - add lines 8 through 11 (must equal F		321,551.				
		Grants and similar amounts paid (Part IX, column (A)			22,966.			
		Benefits paid to or for members (Part IX, column (A),			0.			
ý		Salaries, other compensation, employee benefits (Pa			400,027.	409,620.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.		
be	b	Total fundraising expenses (Part IX, column (D), line	. 111	59.				
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d,	, , <u> </u>		127,024.	111,264.		
		Total expenses. Add lines 13-17 (must equal Part IX			550,017.			
		Revenue less expenses. Subtract line 18 from line 1			-228,466.			
or	3	The second control of		Be	ginning of Current Year	End of Year		
ets	20	Total assets (Part X, line 16)			691,420.	733,776.		
Ass	21	Total liabilities (Part X, line 26)			147,244.			
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from li	ine 20		544,176.	588,979.		
P	art II	Signature Block			•			
Und	der pena	alties of perjury, I declare that I have examined this return, ir	ncluding accompanying schedule	s and statem	ents, and to the best of m	ny knowledge and belief, it is		
true	, correc	ct, and complete. Declaration of preparer (other than officer)) is based on all information of w	hich preparer	has any knowledge.			
Sig	ın	Signature of officer			Date			
Hei		■ Marianne Wright, Secret	ary					
		Type or print name and title						
_		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN		
Pai	d	Sean E. Cain, CPA	•		if self-employ	P01612986		
Pre	parer	Firm's name Harrington Group,	CPAs, LLP	<u> </u>	Firm's EIN	95-4557617		
	only	Firm's address 2698 Mataro Stree						
	-	Pasadena, CA 9110			Phone no. (6	26) 403-6801		
Ma	v the II	RS discuss this return with the preparer shown above			1	X Ves No		

Pa	art III Statement of Program Service Accomplishments	X
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Holy Family Services Adoption and Foster Care, ("the	Agangy") ig a
	California non-profit public benefit corporation orga	
	adoption and counseling services in Los Angeles Count	
	Ventura County, and Riverside County and is a license	
2	3 , 3 , 3	
	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 servi	ices?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	•
4a	160 000 00 000	(Revenue \$ 176,626.)
	Provide adoption, counseling, and foster care service	es in service
	counties. During the fiscal year ended June 30, 2021,	five applicants
	were placed.	
	were pracea.	
4b	O (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	<u> </u>	
4c	C (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4.		
4d	,	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 468,229.	
		Form 990 (2020)

Form 990 (2020) Care 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			. v
_	Schedule D, Part III	8		X
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?			X
40	If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		1
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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		X
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"You " complete Schodule Port II/	28c		х
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	23		
30	contributions? If "Yes," complete Schedule M	30		х
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	- 31		
32	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4		34	х	1
35.5		35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defided to define a response of flote to diff fille if the fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		163	110
	Enter the number reported in Box 3 of Form 1096. Enter 40-11 not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	(garnoung) withings to prize withers:	IC		

Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 7			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
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).	_		v
	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		х
	to file Form 8282?	7с		22
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6		X
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	
-	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h	N/	
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40		
а		13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
_				
		14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		_ -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
				_

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Holy Family Services - (213) 202-3900			
	840 Echo Park Avenue Los Angeles CA 90026			

95-1683898

Form 990 (2020) 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

Page 7

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

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

(A)	(B)	l		((C)	•	iloui	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box, un			erson is both an lirector/trustee)			compensation	compensation from related	amount of other
	(list any	ţo.					Ė	from the	organizations	compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations
(1) Julie P. Brown	32.00		<u> </u>		_					
Executive Director				Х				90,110.	0.	3,320.
(2) Susan Chakmakian, LMFT	1.00									
President		Х		Х				0.	0.	0.
(3) Maura Lemon	1.00									_
Vice President		Х		Х				0.	0.	0.
(4) Thomas Quijada-Discavage	1.00									
Treasurer		Х		Х				0.	0.	0.
(5) Marianne Wright	1.00									
Secretary		Х		Х				0.	0.	0.
(6) Megan Bloomer	1.00									
Board member		Х						0.	0.	0.
(7) Lizette Espinosa	1.00									
Board member		Х						0.	0.	0.
(8) Sithy Farook	1.00									
Board member		Х						0.	0.	0.
(9) Sister Julie Fertsch	1.00							_	_	_
Board member		Х						0.	0.	0.
(10) Paula Kendrick	1.00								_	
Board member		Х						0.	0.	0.
(11) Deno Kidde	1.00	ļ								
Board member	1	Х						0.	0.	0.
(12) Trecia Simmons	1.00	ļ								
Board member	1	Х						0.	0.	0.
(13) Bishop John Taylor	1.00	ļ							•	
Board member	1 00	Х						0.	0.	0.
(14) Joseph Zanetta	1.00	ļ							•	
Board member		Х						0.	0.	0.
		1								
		1								
	1		_				_			

Га	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>/ees</u>	, and	a Hi	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week (list any hours for	box. offic	not c , unle	ss pe	itior more rson irecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizatior (W-2/1099-MI	on d ns	an com	(F) stimate nount other opensa rom the	of ation
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-Wi		organizat and relat organizati		
			_	L										
			<u> </u>											
			-								ļ			
			 											
-			-											
	Subtotal		<u> </u>					 >	90,110.		0.		3,3	20.
С	Total from continuation sheets to Part V	II, Section A						•	90,110.		0.		3,3	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r							no re	-	l),000 of reportab	• •		<u>,,,</u>	<u> </u>
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										ļ	3		Х
4	For any individual listed on line 1a, is the standard related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from			4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y unr			idual for services	S			
Sec	rendered to the organization? If "Yes," concition B. Independent Contractors	nplete Schedul	e J f	or si	uch _i	pers	son .					5		X
1	Complete this table for your five highest control the organization. Report compensation for										npens	ation f	from	
	(A) Name and business			ONI		VICII	OI W		(B) Description of s			(C		n
-	Name and business	addiess	11/	ZIVI	<u> </u>				Description of	SCI VIOCO		отре	13410	
	Takal mumban at trademand	in all rather at 1 1	"		ا اما	1 1-			d ala ava) v da a va	and the				
2 	Total number of independent contractors (\$100,000 of compensation from the organ	-	ot lii	nite	a to	tno (se li: 0	sted	above) who received n	iore than				

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 516. 1 a Federated campaigns 1a **b** Membership dues 1b 22,048. c Fundraising events 1c d Related organizations 1d 124,564. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 129,351 similar amounts not included above 1f 6,226. g Noncash contributions included in lines 1a-1f 1g |\$ 276,479. h Total. Add lines 1a-1f **Business Code** 900099 176,626. 2 a Adoption fees 176,626. Program Service Revenue f All other program service revenue 176,626. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 77. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 150,000b Less: cost or other basis Other Revenue |7b|132,018.and sales expenses c Gain or (loss) 7c 17,982. 17,982. 17,982. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 22,048. of contributions reported on line 1c). See 7,667. Part IV, line 18 7,667. **b** Less: direct expenses _____ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 900099 6,400. 6,400. 11 a Other income b d All other revenue 6,400. e Total. Add lines 11a-11d 477,564. 176,626. 24,459 Total revenue. See instructions 12

Form 990 (2020)

Care

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Part IX | Statement of Functional Expenses

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 not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	22,000.	22,000.		
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	93,878.	80,735.	7,510.	5,633
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	236,012.	202,970.	18,882.	14,160
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,078.	927.	86.	65. 3,286.
9	Other employee benefits	54,769.	47,102.	4,381.	3,286
10	Payroll taxes	23,883.	20,539.	1,911.	1,433
11	Fees for services (nonemployees):				
а	Management				
b	Legal	9,750.	8,385.	780.	585
С	Accounting	18,625.	16,017.	1,490.	1,118
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,953.		1,953.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	2,387.	2,053. 9,829.	191.	143
12	Advertising and promotion	11,429.	9,829.	914.	686
13	Office expenses	21,977.	18,904.	1,754.	1,319
14	Information technology				
15	Royalties	4.0 4.1	4.0 - 0.0		
16	Occupancy	12,445.	10,702.	996.	747
17	Travel	1,383.	1,189.	111.	83
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,823.	2,428.	226.	169
23	Insurance	19,497.	16,767.	1,560.	1,170
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Licenses & fees	3,789.	3,259.	303.	227
b	Repair & maintenance	2,824.	2,429.	226.	169
С	Bank charges	1,446.	1,243.	116.	87.
d	Workshop & training	637.	548.	51.	38
е	All other expenses	299.	203.	55.	41
25	Total functional expenses. Add lines 1 through 24e	542,884.	468,229.	43,496.	31,159
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 (2020)
Part X Balance Sheet

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,166.	1	72,873.
	2	Savings and temporary cash investments			48,032.	2	89,766.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			11,262.	4	0.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial o	contributor, or 35%			
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disq	rsons (as defined				
ş		under section 4958(f)(1)), and persons descr	ibed in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			26,834.	9	36,218.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		183,529.			
	b	Less: accumulated depreciation	10b	180,708.	5,644.	10c	2,821.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	556,482.	12	532,098.		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	691,420.	16	733,776.
	17	Accounts payable and accrued expenses		83,627.	17	81,821.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or t					
≣		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un			(2 (17	23	CO 07C
	24	Unsecured notes and loans payable to unrel			63,617.	24	62,976.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			1 / 7 2 / /	25	1// 707
	26	Total liabilities. Add lines 17 through 25			147,244.	26	144,797.
S		Organizations that follow FASB ASC 958,	check her	e P 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			544,176.		500 070
sala	27			344,170.	27	588,979.	
P E	28	Net assets with donor restrictions				28	
五		Organizations that do not follow FASB AS	C 958, cne	eck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur				29	
18S	30	Paid-in or capital surplus, or land, building, o				30	
et /	31	Retained earnings, endowment, accumulated			544,176.	31	588,979.
Z	32	Total liabilities and not assets /fund balances			691,420.	32	733,776.
	33	Total liabilities and net assets/fund balances			091,440.	33	133,110.

Form **990** (2020)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)				64.
2	Total expenses (must equal Part IX, column (A), line 25)				84.
3	Revenue less expenses. Subtract line 2 from line 1				20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				76.
5	Net unrealized gains (losses) on investments		109) , 5	85.
6	Donated services and use of facilities6				
7	Investment expenses 7				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain on Schedule O)			5	38.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)) 10		588	3,9	79.
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 in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate bas				
	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 aud	dit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedul				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A				
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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. Family Services Adoption and Foster Holy

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Care 95-1683898 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	357,853.	276,314.	251,219.	206,234.	276,479.	1,368,099.
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	357,853.	276,314.	251,219.	206,234.	276,479.	1,368,099.
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)						12,026.
6	Public support. Subtract line 5 from line 4.						1,356,073.
	ction B. Total Support	1	<u> </u>		г		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017 276,314.	(c) 2018 251, 219.	(d) 2019 206, 234.	(e) 2020	(f) Total
	Amounts from line 4	357,853.	2/6,314.	251,219.	206,234.	276,479.	1,368,099.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.01	1 401	2 020	2 620	10 050	24 206
	and income from similar sources	981.	-1,401.	3,929.	2,638.	18,059.	24,206.
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					6,400.	6 400
	assets (Explain in Part VI.)					0,400.	6,400. 1,398,705.
11	• • • • • • • • • • • • • • • • • • • •		`			40	762,323.
12	Gross receipts from related activities,			for white the second		12	102,323.
13	First 5 years. If the Form 990 is for the						▶□
Sec	organization, check this box and storection C. Computation of Publ		rcentage				P
	Public support percentage for 2020 (l			column (f))		14	96.95 %
15	Public support percentage from 2019					15	97.54 %
	33 1/3% support test - 2020. If the o					· · · · · · · · · · · · · · · · · · ·	
	stop here. The organization qualifies	O .		,		,	►X
b	33 1/3% support test - 2019. If the o						
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ū					*
	meets the facts-and-circumstances to		*	-	·	vi now the organiza	. .
h	10% -facts-and-circumstances tes	•	•		•		
~	more, and if the organization meets the	_					-:
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						• · · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2020

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.)

Calendary part (or fiscal year beginning in) Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.") Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,") Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose 3 Gross receipts from admission and the part of contribution and the part of th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf to receive or facilities furnished by a governmental unit to the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
include any *unusual grants.*) Gross receipts from admissions, merchandise soil or services per formed, or facilities furnished in any activity that is related to the organization's trave-weight purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's to 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. 7. A mounts holded on lines 1, 2, and 3. received from disqualified persons b. Avecuals included in lines 2 and 3 very wind the second to grant or the sec	. •							
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization'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. 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons 8.b Amounts included on lines 1, 2, and 3 received from disqualified persons 9.b Amounts included on lines 1, 2, and 3 received from disqualified persons are exerced to general of 55,000 or 1% of the transvers of the second or 1% of the sec		•						
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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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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.)

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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
	tion B. Type i Supporting Organizations		Vaa	No
1	Did the governing hady members of the governing hady officers eating in their official capacity, or membership of one or		Yes	No
'	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	·		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. Complete line 3 below.		1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	rstructio		N _a
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 in line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	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			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
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.

Schedule A (Form 990 or 990-EZ) 2020 Care

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

Schedule A (Form 990 or 990-EZ) 2020

	1 31	<u> </u>	COntine	<i>(</i> CU)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 Care	95-1683898 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

Holy Family Services Adoption and Foster Care

Employer identification number

95-1683898

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.				
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering I) (b) instead of the contributor name and address), II, and III.				
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}{\big				
but it must answer "No"	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to get the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
Holy Family Services Adoption and Foster
Care

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addit	lional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Lawrence A. Appley Foundation 1 E. Chocolate Ave., Suite 200 Hershey, PA 17033	\$22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	L.A. County Dept. of Children and Family Services 425 Shatto Pl. Los Angeles, CA 90020	\$60,306.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Marianne Wright 620 N. Brand Blvd., Suite 401 Glendale, CA 91203	\$13,353.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP+4 The Phyllis and Angelo R. Mozilo Family Foundation 1482 E. Valley Rd., Suite 663 Montecito, CA 93108	Total contributions	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	US Small Business Administration 409 3rd St. SW Washington, DC 20416	\$64,258.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Weingart Foundation 1055 W. 7th St., Suite 3200 Los Angeles, CA 90017		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Holy Family Services Adoption and Foster
Care

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Circle of Hope 23033 Lyons Ave., Suite 3 Newhall, CA 91321	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Holy Family Services Adoption and Foster
Care

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	Goods		
3			
		\$4,853.	_06/30/21_
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of horicash property given	(See instructions.)	Date received
		\$	
(a)		1-1	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Faiti			
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(Coo mondonono.)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	,
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noneasti property given	(See instructions.)	Duto i Godi Veu
		\$	
		Ι Ψ	

Name of organization Employer identification number Holy Family Services Adoption and Foster

Use	oleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this info. once.)		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- _					
		(e) Transfer of gif	<u> </u>		
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
- -					
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
lo.	#ND 4 19		(25 : 11 : 11 : 11 : 11 : 11		
lo. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		()=			
	(e) Transfe Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee		
-					

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 Open to Public Inspection

Name of the organization

Holy Family Services Adoption and Foster Care

Employer identification number 95-1683898

Pai			is or Accounts.Complete if the							
	organization answered "Yes" on Form 990, Part IV, line	e o. (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 v	writing that the assets held in donor adv	ised funds							
	are the organization's property, subject to the organization's	_								
6	Did the organization inform all grantees, donors, and donor a									
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring							
	impermissible private benefit?		Yes No							
Pai	t II Conservation Easements. Complete if the org									
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).								
	Preservation of land for public use (for example, recrea	tion or education) — Preservation o	of a historically important land area							
	Protection of natural habitat Preservation of a certified historic structure									
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last							
	day of the tax year.		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c							
d	Number of conservation easements included in (c) acquired a	•	l l							
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax							
	year ▶									
4	Number of states where property subject to conservation eas		•							
5	Does the organization have a written policy regarding the per									
	violations, and enforcement of the conservation easements it									
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year							
										
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year							
	> \$									
8	Does each conservation easement reported on line 2(d) abov	•								
_	and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservation	·								
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial states	ments that describes the							
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Treasures or (Other Similar Assets							
ı uı	Complete if the organization answered "Yes" on Form		other ommur Assets.							
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works							
ıu	of art, historical treasures, or other similar assets held for pub	·								
	service, provide in Part XIII the text of the footnote to its finar									
h	If the organization elected, as permitted under FASB ASC 95									
	art, historical treasures, or other similar assets held for public									
	provide the following amounts relating to these items:	exhibition, education, or research in ful	therafice of public service,							
			> \$							
	(i) Revenue included on Form 990, Part VIII, line 1		L 4							
2	If the organization received or held works of art, historical trea	asures or other similar assets for financ								
_	the following amounts required to be reported under FASB A		iai gairi, provide							
а	Revenue included on Form 990, Part VIII, line 1	_	▶ \$							
	Assets included in Form 990, Part X									
	, looks indiaded in rediffeed, rath		F Y							

Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tı	easures, d	or Othe	r Simil	ar Asse	t s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	і Ш	Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o								_		
_	to be sold to raise funds rather than to be ma								Yes	No_	
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?		-						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							L	Yes	No	
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	provided on	Part XIII					
Pa	t V Endowment Funds. Complete in	f the organization an	swered	"Yes" on F	orm 990, Part	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back ((d) Three y	ears back	(e) Four	years back	
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, 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%.									
3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organiz	zation	_		
	by:									Yes No	
	(i) Unrelated organizations										
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered				1						
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	ed	(d) Bool	c value	
1a	Land										
	Buildings										
С	Leasehold improvements				2,341.		39,5			2,821.	
d	Equipment				7,309.		97,3			0.	
	Other				3,879.		43,8	79.		0.	
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)					2,821.	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Investment Pool -			
(B) Wilshire Fund	532,098.	End-of-Year Market	Value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	F20 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	532,098.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	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.	E 000 D 1 N / I'	44 L O . E	
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Column (b) must equal Form 900, Part V, eq. (P) lin	o 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	- 10./		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability	0111 01111 000, 1 art 14, 11110	The or Thi. Gee Form 550, Fait X, line 25	(b) Book value
(1) Federal income taxes			(L) Dook value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25 l	<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide			that raparts tha
		•	
organization's liability for uncertain tax positions under	TAGE AGE 140. CHECK TO		nedule D (Form 990) 2020
		Scr	i c uule ש (רטו ווו 350) 2020

20110	Judio D	(1 6111 666) 2626				e e e e e e e e e e e e e e e e e e e
Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	658,863.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	109,585.		
b		ed services and use of facilities		66,000.		
С		eries of prior year grants				
d	Other	(Describe in Part XIII.)	2d	7,667.		
е	Add lir	nes 2a through 2d			2e	183,252.
3	Subtra	ct line 2e from line 1			3	475,611.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	1,953.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	4c	1,953.			
5	Total r	5	477,564.			
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stat	tements Witl	h Expenses per	Returr).
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total e	expenses and losses per audited financial statements			1	614,060.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	66,000.		
b		ear adjustments				
С		osses				
d	Other	(Describe in Part XIII.)	2d	7,129.		50 100
е	Add lir	nes 2a through 2d			2e	73,129.
3	Subtra	ct line 2e from line 1			3	540,931.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		4 050		
а		ment expenses not included on Form 990, Part VIII, line 7b		1,953.		
		(Describe in Part XIII.)	4b			1 0=0
С		nes 4a and 4b			4c	1,953.
_	Total	expanses Add lines 2 and 40 (This must equal Form 900 Part I line 19)	1		=	542 884

Part XIII Supplemental Information.

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

Part X, Line 2:

The Agency is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Agency in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. The Agency's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

95-168<u>3898 Page 5</u> Schedule D (Form 990) 2020 Part XIII | Supplemental Information (continued) Part XI, Line 2d - Other Adjustments: Fundraising events 7,667. Part XII, Line 2d - Other Adjustments: Fundraising events 7,667. Bad debt reconciliation -538. Total to Schedule D, Part XII, Line 2d 7,129.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Holy Family Services Adoption and Foster

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

Care					95-1683	898
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclu- rofess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have c or cor contrib	Did raiser sustody ntrol 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			
Total			. ▶			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is exempt from re	egistration

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

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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Circle of None (add col. (a) through Hope col. (c)) (event type) (total number) (event type) 29,715. 29,715. 1 Gross receipts 22,048 22,048. 2 Less: Contributions 7,667. 7,667. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 7,667. 7,667. 7,667. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2020 Care 955	-168389	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s 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	s 🔲 No
12	Indicate the percentage of gaming activity conducted in:		
		المعا	0/
	a The organization's facility		<u>%</u>
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sim \\$		
,	of "Yes," enter name and address of the third party:		
•	on res, enter hame and address of the third party.		
	Name >		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
			_
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	s 🗆 No
	retain the state gaming license?		
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3	
Б-	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	Care		95-1683898	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	nation (continued)			
•					
					_

SCHEDULE I (Form 990)

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.

n answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Holy Family Services Adoption and Foster

Care	95-1683898									
Part I General Information on Grants a	Part I General Information on Grants and Assistance									
Does the organization maintain records criteria used to award the grants or assi	stance?									
2 Describe in Part IV the organization's pr										
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
recipient that received more than		·	1		(f) Method of	<u></u>				
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
_										
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		4					>			

Schedule I (Form 990) 2020 Care					95-1083898	Page 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 ass	sistance
Foster & Birth parents assistance	2	22,000.	0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.		
Part I, Line 2:						
The Agency maintains records to s	ubstantia	te the amo	ounts of gr	ants or		
assistance given and the selection	n criteri	a used to	award the	grants or		
assistance. The agency makes sure	that it	complies s	strictly to	all		
contracts' funding terms and cond	itions, p	rogram (El	.igibility/	Target		
Population/Enrollment) and report	ing requi	rements.				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

2020 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Holy Family Services Adoption and Foster

Employer identification number 95-1683898

Form 990, Part III, Line 1, Description of Organization Mission:

agency. The Agency is funded by grants, donations, adoptive fees, and

state and government funding.

Form 990, Part VI, Section B, line 11b:

Care

An Admin Manager, the Treasurer, and the Executive Director will review the Form 990 before filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Each board member annually signs a conflict of interest document. If there is a vote on any decision that could result in a conflict of interest, the involved persons are asked to abstain on the votes.

Form 990, Part VI, Section B, Line 15a:

Compensation is approved by the Board and determined by comparable data of similar organizations.

Part VI, Question 15 (b) was answered no as there were no other officers or key employees as defined in Form 990 instructions who were compensated during this year.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Sched	ule O (Form 990 or 9	990-EZ) 202	20					Page 2
Name	ule O (Form 990 or 9 of the organization	Holy Care	Family	Services	Adoption	and	Foster	Employer identification number 95-1683898
A/R	adjustmen	t						538.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Holy Family Services Adoption and Foster Employer identification number Services Adoption and Foster 95-1683898

(a)	(b)	(c)	(d)		(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End	-of-year asse		controllin ntity	g
Identification of Related Tay-Evennt O	pragnizations Complete if the organizat	ion answered "Ves" on Form 99	D Part IV line 34	hecause it h	and one or m	nore related tay-ey	amnt	
organizations during the tax year.							empt	
Part II Identification of Related Tax-Exempt Or organizations during the tax year. (a) Name, address, and EIN of related organization	rganizations. Complete if the organizat (b) Primary activity	ion answered "Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch	narity [(f) Direct controlling entity	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity [(f) Direct controlling	Section conf	trolled
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity [(f) Direct controlling	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization piscopal Diocese of Los Angeles 40 Echo Park Avenue	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public ch	narity [(f) Direct controlling	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization piscopal Diocese of Los Angeles 40 Echo Park Avenue	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if s 501(c)	narity [(f) Direct controlling	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization piscopal Diocese of Los Angeles 40 Echo Park Avenue	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if s 501(c)	narity [(f) Direct controlling	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization piscopal Diocese of Los Angeles 40 Echo Park Avenue	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if s 501(c)	narity [(f) Direct controlling	Section conf	trolled tity?
organizations during the tax year. (a) Name, address, and EIN of related organization Episcopal Diocese of Los Angeles	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public ch status (if s 501(c)	narity [(f) Direct controlling	Section conf	trolled tity?

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	l or Percentage ownership r?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
										Ш	
										Ш	
										Ш	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	tion b)(13) rolled :ity?
		country)		J. 1.25.4		45515		Yes	No
									<u> </u>
								 	
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	
	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete t	his line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transaction type (a)	ction	(c) Amount involved	(d) Method of determining amount inv	olved		
<u>(1)</u>							
(2)							
(3)							
(0)							
<u>(4)</u>							
<u>(5)</u>							_
(6)							
03216	33 10-28-20			Schedule F	R (Forr	n 990	2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- amount in box 2 of Schedule K-1	General of managing partner?	(k) Percentage ownership

Holy Family Services Adoption and Foster

9<u>5-168</u>3898 Page 5 Schedule R (Form 990) 2020 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

199

202	O Annual Informati	on Return					199	•
Calendar Year	2020 or fiscal year beginning (mm/dd/yyyy)	07/01/2020	, and ending (mm/dd/yyy	y)	06/3	30/2021	
Corporation/Org HOLY F. CARE	anization name AMILY SERVICES ADOPTIO	ON AND FOSTER			fornia corpo	oration numb 476	per	
Additional inforn	nation. See instructions.			FE		68389		
Street address (s	suite or room)				PMB no.	00303	70	
	HO PARK AVENUE							
City	CET EC			State CA	ZIP code 9002	6		
LOS AN Foreign country		Foreign province/state/county		CA		ostal code		
D Final info Enter date: E Check acc F Federal re (4) X G Is this a Q H Is this org		Yes X No J If exemptengaged Merged/Reorganized K Is the orgound of "Yes," e L Is the orgound of "Yes," e M Did the orgound of the organization of	rted to the FTB? t under R&TC Si in political activ ganization exem enter the gross r ganization a limit rganization file F xable income?	See instrucection 2370 ities? See in pt under Receipts fro ted liability Form 100 community and the pt that?	otions Old, has instruction &TC Sect m nonme company r Form 10 me IRS or	the organizens. Ion 23701 In the source of	Yes	X No X No
Part I 0	omplete Part I unless not required to file this fo	rm. See General Information B a	nd C.					
	1 Gross sales or receipts from other sources					1	340,7	70 00
	2 Gross dues and assessments from members3 Gross contributions, gifts, grants, and sim			STMT	 1	3	276,4	79 00
Doosinto	4 Total gross receipts for filing requirement			STMT				
Receipts and	This line must be completed. If the result	_				4	617,2	49 00
Revenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of	• Language and •	5	132 0	1 8 00			
		assets solu				7	132,0	18 00
	8 Total gross income. Subtract line 7 from lin					8	485,2	31 00
Expenses	9 Total expenses and disbursements. From S					9	550,5	51 00
	10 Excess of receipts over expenses and disb					10	-65,3	-
						11		00
	Use tax. See General Information KPayments balance. If line 11 is more than I	line 12 subtract line 12 from line 1				13		00
Filing Fee	14 Use tax balance. If line 12 is more than line					14		00
-	15 Penalties and Interest. See General Information					15		00
	16 Balance due. Add line 12 and line 15. The Under penalties of perjury, I declare that I have examined	n subtract line 11 from the result	hadulae and etater	nente and to	•	16	dge and helief	00
Sign Here	it is true, correct, and complete. Declaration of preparer (signature of officer	other than taxpayer) is based on all infor	mation of which pr	eparer has ar	ny knowled	ge.	Telephone	
-		Da	ite	Check	if		PTIN	
	Preparer's signature			self-en	ployed		01612986 Firm's FEIN	
Paid	Firm's name (or yours, . HARRINGTON CROIL	ר מעל די מער כ				I	5-4557617	
Preparer's Use Only	(or yours, if self-employed) HARRINGTON GROUP 2698 MATARO STRE						Telephone	
Joo Omy	and address PASADENA, CA 911					(6	526) 403-	6801
	May the FTB discuss this return with the prepare				• X	Yes	No	

HOLY FAMILY SERVICES ADOPTION AND FOSTER CARE

95-1683898

028951 12-22-20

Part II	Organizations with gross receipts of more than \$50,000 and private foundations regardless of
	amount of gross receipts - complete Part II or furnish substitute information

		- 1	Gross sales or receipts from all I	nuninaa	o activitica. Can instru	otiono				1		7,66	7100
										2	_	7,00	_
			Interest							-	_		100
		3	Dividends						_	3	_		00
Recei	ipts	4								4			00
from		5	Gross royalties					СШУ		5	_	150 00	00
Other	- 1	6	Gross amount received from sal	e ot ass	sets (See Instructions)		CTT	STA	TEMENT 2 ●	6		150,00	
Sourc	es	/	Other income				201	DIA	TEMENT 4 •	7	+	183,02	
		8	Total gross sales or receipts fro			-				8	+	340,77	
		9	Contributions, gifts, grants, and	similar	amounts paid				•	9		22,00	<u>U 00</u>
		10	Disbursements to or for membe	rs			~		• · · · · · · · · · · · · · · · · · · ·	10	+	02 00	00
		11	Compensation of officers, direct	ors, an	d trustees		SEL	STA	TEMENT 5 •	11	+	93,87	
			Other salaries and wages							12	+	236,01	4 00
Exper	ises	13								13	+		00
and		14	Taxes							14		23,88	
Disbu	irse-	15							•	15		12,44	
ments	s	16	Depreciation and depletion (See Other expenses and disburseme	instruc	tions)				•	16		2,82	
		17	Other expenses and disburseme	nts			SEI	STA	TEMENT 6 •	17		159,51	
			Total expenses and disburseme	nts. Ad	d line 9 through line 17	7. Ente	r here and on	Side 1, Pa	art I, line 9	18		550,55	1_{00}
Sch	edul	le L	Balance Sheet		Beginning of	taxab	le year		En:	d of ta	xable y	ear	
Asset	S				(a)		(b)		(c)			(d)	
1 C								.,198			•	162,	<u>639</u>
			s receivable				11	.,262			•		
3 N	let not	es red	ceivable								•		
4 Ir	nvento	ries _.									•		
			state government obligations								•		
6 Ir	nvestn	nents	in other bonds								•		
7 Ir	nvestn	nents	in stock								•		
	/lortga		ans								•		
9 0	ther ir	nvestr	ments STMT 7				556	,482			•	532,	098
10 a	Depr	eciab	le assets		183,529				183,5				
b	Less	accu	mulated depreciation	(177,885		-	,644	(180,70	8)		2,	821
11 L	and										•		
12 0	ther a	ssets	STMT 8				26	,834			•	36,	218
13 T	otal a	ssets					691	,420				733,	776
			et worth										
			yable				83	3,627			•	81,	821
			s, gifts, or grants payable								•		
			otes payable								•		
											•		
18 0	ther li	abiliti	es STMT 9				63	3,617				62,	976
			or principal fund								•		
			tal surplus. Attach reconciliation								•		
			nings or income fund				544	1,176			•	588,	979
			ties and net worth				691	,420				733,	
			1-1 Reconciliation of income	per bo	oks with income per re	eturn		-					
			Do not complete this sche				ne 13, column	(d), is les	s than \$50,000.				
1 N	let inco	ome r	per books		• 44,				on books this year				
			me tax	- 1	•		-1	luded in th		10	•	110,	123
			pital losses over capital gains		•		4		s return not charged				
			recorded on books this year		•				ome this year		•		
			corded on books this year not				9 Total. A					110,	123
	-		this return	ŀ	•		10 Net inc					,	
			ne 1 through line 5		44,	803	. 1	ct line 9 fro				-65,	320
<u> </u>	Jul. F	iau III			/		1 Junia	J. 11110 0 111					

CA 199	Cash Contributions Included on Part I, Line 3	Sta	atement 1
Contributor's Name	Contributor's Address	Date of Gift	Amount
Caiozzo Family Charitable Fund	5 Oroville Irvine, CA 92602	12/10/20	5,000.
KLM Foundation	10100 Santa Monica Blvd., Suite 610 Los Angeles, CA 90067	01/07/21	5,000.
Lawrence A. Appley Foundation	1 E. Chocolate Ave., Suite 200 Hershey, PA 17033	07/07/20	22,500.
L.A. County Dept. of Children and Family Services	425 Shatto Pl. Los Angeles, CA 90020	06/30/21	60,306.
Marianne Wright	620 N. Brand Blvd., Suite 401 Glendale, CA 91203	06/30/21	8,500.
The Phyllis and Angelo R. Mozilo Family Foundation	1482 E. Valley Rd., Suite 663 Montecito, CA 93108	11/19/20	10,000.
US Small Business Administration	409 3rd St. SW Washington, DC 20416	06/30/21	64,258.
Weingart Foundation	1055 W. 7th St., Suite 3200 Los Angeles, CA 90017	08/25/20	10,000.
Circle of Hope	23033 Lyons Ave., Suite 3 Newhall, CA 91321	06/30/21	22,366.
Total included on line 3		-	207,930.

CA 199	NonCash Contribution Included on Part I,		Statement 2
Contributor's Name	Contributor's	Address	
Marianne Wright	620 N. Brand 1 91203	Blvd., Suite 401	Glendale, CA
Property Description	Date of Gift	FMV of Gift	Total Amount
Goods	06/30/21	4,853.	13,353.
Total included on line 3		4,853.	13,353.

CA 199 Gross Am	Gross Amount from Sale of Assets				S	Statement 3		
Description		Date Acquired		Dat Sol		Method Acquired		
Sales of investments					Pur	Purchased		
	Cost o	_	Depr	ec.	Expense of Sale	Gross Sales Pric	ce	
	132,0	18.		0.	0.	150,000	0.	
Total to Form 199, Page 2, ln 6	132,0	18.		0.	0.	150,000	0.	
CA 199	Other I	ncome			S	tatement	4	
Description						Amount		
Other income Adoption fees						6,400 176,620		
Total to Form 199, Part II, line	. 7					183,020	<u> </u>	

CA 199	Compensation	of Officers,	Directors and Trustees	Statement 5
Name and Ad	ldress		Title and Average Hrs Worked/Wk	Compensation
Julie P. Br 840 Echo Pa Los Angeles			Executive Director 32.00	93,878.
840 Echo Pa	nakian, LMFT ark Avenue s, CA 90026		President 1.00	0.
Maura Lemon 840 Echo Pa Los Angeles			Vice President 1.00	0.
840 Echo Pa	iada-Discavage ark Avenue s, CA 90026		Treasurer 1.00	0.
Marianne Wr 840 Echo Pa Los Angeles			Secretary 1.00	0.
Megan Bloom 840 Echo Pa Los Angeles			Board member 1.00	0.
Lizette Esp 840 Echo Pa Los Angeles			Board member 1.00	0.
Sithy Faroc 840 Echo Pa Los Angeles			Board member 1.00	0.
Sister Juli 840 Echo Pa Los Angeles			Board member 1.00	0.
Paula Kendr 840 Echo Pa Los Angeles			Board member 1.00	0.
Deno Kidde 840 Echo Pa Los Angeles	ark Avenue s, CA 90026		Board member 1.00	0.

Holy Family Services Adoption and Foster	95-1683898
Trecia Simmons 840 Echo Park Avenue Los Angeles, CA 90026 Board member 1.00	0.
Bishop John Taylor 840 Echo Park Avenue Los Angeles, CA 90026 Board member 1.00	0.
Joseph Zanetta 840 Echo Park Avenue Los Angeles, CA 90026 Board member 1.00	0.
Total to Form 199, Part II, line 11	93,878.
CA 199 Other Expenses	Statement 6
Description	Amount
Licenses & fees	3,789.
Repair & maintenance	2,824.
Bank charges	1,446.
Workshop & training	637.
Direct expenses of fundraising events	7,667.
Pension plan contributions	1,078.
Other employee benefits	54,769.
Legal fees	9,750.
Accounting fees	18,625.
Investment management fees	1,953.
Other professional fees	2,387.
Advertising and promotion	11,429.
Office expenses	21,977.
Travel	1,383.
Insurance	19,497.
All other expenses	299.
Total to Form 199, Part II, line 17	159,510.
CA 199 Other Investments	Statement 7
Description Beg. of Yea	ar End of Year
Investment Pool - Wilshire Fund 556,48	532,098.
Total to Form 199, Schedule L, line 9 556,48	532,098.

CA 199 Other Assets	Statement 8			
Description	Beg. of Year	End of Year		
Prepaid Expenses and Deferred Charges	26,834.	36,218.		
Total to Form 199, Schedule L, line 12	26,834.	36,218.		
CA 199 Other Liabilitie	99 Other Liabilities			
Description	Beg. of Year	End of Year		
Unsecured Notes and Loans Payable	63,617.	62,976.		
Total to Form 199, Schedule L, line 18	63,617.	62,976.		
CA 199 Income Recorded on Books Not Included in this		Statement 10		
Description		Amount		
Unrealize gain on investments A/R adjustment		109,585.		
Total to Form 199, Schedule M-1, line 7		110,123.		
CA 199 Fund Balances		Statement 11		
Description	Beg. of Year	End of Year		
Net assets without donor restrictions	544,176.	588,979.		

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

P.O. Box 903447 Sacramento, CA 94203-44 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

HOLY FAMILY SEI CARE Name of Organization		OPTIO	N AND FOSTER		ange of address ended report		
List all DBAs and names the organization uses or has used 8 4 0 ECHO PARK AVENUE		State Cha	arity Registration Number CT 3216				
Address (Number and Street)	TVLITOL			State Cha	arity Registration Number C1 3210		
LOS ANGELES, CZ	A 90026			Corporation	on or Organization No. 0236476		
(213)202-3900 Telephone Number	JULIE • E-mail Address	BROWN	HFS.ORG	Federal E	mployer ID No. <u>95-1683898</u>		
ANNUAL R	EGISTRATION R		FEE SCHEDULE (11 Cal. heck Payable to Departn		s. sections 301-307, 311, and 312) tice		
Gross Annual Revenue	Fee	Gross A	nnual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>
Less than \$25,000 Between \$25,000 and \$100,		Between	n \$100,001 and \$250,000 n \$250,001 and \$1 million	\$50	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	_ 50 25
DARTA ACTIVITIES					Greater than \$50 million	\$3 (
PART A - ACTIVITIES For your most recent	full accounting n	eriod (bed	inning 07/01/20	20 end	ing 06/30/2021) list:		
For your most recent	iuii accounting p	eriou (beg	mining 07701720	<u> </u>	mig		
Gross Annual Revenue\$ Program Expe			sh Contributions\$, 229	6 Total Expe		3,7	76
PART B - STATEMENTS RE	*		·		·		
					w, you must attach a separate page		
			-		-1 instructions for information required.	Yes	No
					nsactions between the organization sch officer, director or trustee had		x
During this reporting per or funds?	riod, was there an	y theft, em	bezzlement, diversion or r	nisuse of th	ne organization's charitable property		х
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?						х	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?						х	
5. During this reporting per	riod, did the orgar	nization rec	eive any governmental fur	nding?	SEE STATEMENT 12	Х	
6. During this reporting per	riod, did the orgar	nization hol	d a raffle for charitable pu	rposes?			х
7. Does the organization c	onduct a vehicle o	donation pr	rogram?				х
8. Did the organization cor generally accepted acce			and prepare audited finand porting period?	cial stateme	ents in accordance with	Х	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					х		
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.							
Signature of Authorized Agent		IANNE ed Name	WRIGHT	S	SECRETARY tle Date		
J				• • • • • • • • • • • • • • • • • • • •	Duto		

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CA RRF-1 Information Regarding Governmental Funding Statement
Part B, Line 5

California Department of Social Services Foster Care Support 744 P Street, MS 8-1378 Sacramento, CA 95814 Attn: Contracting Phone: (800)540-4000

L.A. County Department of Children and Family Services 425 Shatto Place
Los Angeles, CA 90020
Galina Shoub, MPA, ASM I
Phone: (800)540-4000

Riverside County Department of Public Social Services 10281 Kidd Street, 1st Floor Riverside, CA 92503 Attn: Patricia Franks Phone: (951)358-3282

US Small Business Administration 409 3rd St. Washington, DC 20249