Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023 Open to Public Inspection

		the Treasury tue Service	Do not enter social security numbers on this form as it may be Go to <i>www.irs.gov/Form990</i> for instructions and the latest i	•		Inspection
Δ			endar year, or tax year beginning , and er			mopoorion
B		applicable:	C Name of organization FOSTER CARE IN THE US INC	D Employer	identificati	on number
Ē	Address		Doing business as			
	Nama ah	0000	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	81-2828971		
	Name ch	ange	23 EAST COLUMBIA STREET	E Telephone	number	
	Initial retu	urn	City or town State ZIP code	(812) 319-7	507	
	Final return	n/terminated	Evansville IN 47711 Foreign country name Foreign province/state/county Foreign postal	and a		
	Amendec	d roturn	Foreign country name Foreign province/state/county Foreign postal	G Gross rece	vints \$	115,223
	Amenueu	Telum				<u> </u>
	Applicatio	on pending	F Name and address of principal officer:	H(a) Is this a group return for		s? Yes X No
			JESSICA L ANGELIQUE 714 E COLUMBIA STREET, Evansville, IN 477	H(b) Are all subordinates	s included?	Yes No
Т	Tax-exer	mpt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	If "No," attach a lis	t. See instru	ictions
J	Website	: http	s://fostercareintheus.org/	H(c) Group exemption r	umber	
ĸ	Form of	organization	X Corporation Trust Association Other L Yea	r of formation: 2016	1	e of legal domicile: IN
		-		2010		
	Part I		mmary describe the organization's mission or most significant activities:			
e	· ·	-	AT-RISK YOUTH, AND YOUNG ADULTS.			HOMLESS FOSTER
Governance			AT-KISK TOUTH, AND TOUNG ADOLTS.			
ů						
Š	2	Check the	5 1 1			
Ű	3		of voting members of the governing body (Part VI, line 1a)			10
ŝ	4		of independent voting members of the governing body (Part VI, line 1b).		4	9
Ìţ	5		mber of individuals employed in calendar year 2023 (Part V, line 2a)		5 6	1
Activities &	6		mber of volunteers (estimate if necessary)		-	70
◄	7a		related business revenue from Part VIII, column (C), line 12		7a 7b	0
	b	Net unre	Taled business taxable income from Form 990-1, Part I, ine 11	Prior Year	70	Current Year
	8	Contribu	utions and grants (Part VIII, line 1h)................		5,606	104,681
ne	9		n service revenue (Part VIII, line 2g)		0	0
Revenue	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d).	-1(0.613	0
Re	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,010 5,493	8,322
	12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1,486	113,003
	13		and similar amounts paid (Part IX, column (A), lines 1–3).		40	0
	14		paid to or for members (Part IX, column (A), line 4)		0	0
	15		other compensation, employee benefits (Part IX, column (A), lines 5-10).	21	,771	48,972
Sec	16a		onal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b		draising expenses (Part IX, column (D), line 25) 6,257			
ы	17	Other ex	(penses (Part IX, column (A), lines 11a–11d, 11f–24e)	48	3,729	79,160
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25).	70	0,540	128,132
	19	Revenu	e less expenses. Subtract line 18 from line 12	4(),946	-15,129
or or	2			Beginning of Current	Year	End of Year
sets	20		sets (Part X, line 16)	219	9,073	206,027
Ass	9 21		bilities (Part X, line 26)....................		0	2,083
Net Assets or	22		ets or fund balances. Subtract line 21 from line 20	219	9,073	203,944
P	art II		nature Block			
	•		/, I declare that I have examined this return, including accompanying schedules and statements,		•	
		is true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer nas any knowi	•	17/0004
Si	gn	Sign	ature of officer	Date	4.	/7/2024
He	ere	•			, ,	
			SICA L ANGELIQUE EXEC	UTIVE DIRECTOR		
			t/Type preparer's name Preparer's signature	Date		PTIN
Pa	id			С	heck X	if
	eparer	r CHI	RISTOPHER B SCHULTE CHRISTOPHER B SCHULTE	4/7/2024 s	elf-employe	d XXXXXXXXX
	se Only	— 1	's name SCHULTE TAX & FINANCIAL GROUP	Firm's EIN	XX-XXX	6503
50			's address 801 N SR 161, ROCKPORT, IN 47635	Phone no.	812-649	-4829
Ma	v the IF	RS discus	s this return with the preparer shown above? See instructions	· · · · · ·		X Yes No
	-					
Foi hta		work Redu	uction Act Notice, see the separate instructions.			Form 990 (2023)

Form 9	990 (2023) FOSTER CARE IN THE US INC	81-2828971	Page 2
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: IMPROVE THE OUTCOMES OF HOMLESS FOSTER CARE YOUTH, AT-RISK YOUTH, AND YOUNG		
2	Did the organization undertake any significant program services during the year which were not listed of the prior Form 990 or 990-EZ?		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	· · · · · Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program see expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants a the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$73,805 including grants of \$) (R HOMELESS AND AT-RISK YOUTH AND YOUNG ADULTS RECEIVED HOUSING ASSISTANCE, F PRODUCTS, AND TRANSPORTATION TO AND FROM SCHOOL, EMPLOYMENT, AND MEDICAL	OOD, CLOTHING HYGI	
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$Total program service expenses73,805	0)	

Form 990 (2023)

FOSTER CARE IN THE US INC

Checklist of Required Schedules Part IV Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Х 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 Х election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 Х assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 9 negotiation services? If "Yes," complete Schedule D, Part IV. Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a h Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more 11b Х Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more С Х 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e 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 11f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X. 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 12b Х and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Х **14a** Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Х 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Х assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Х on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 20a Х **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. 20b **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 21 Х

Form 990 (2023)

FOSTER CARE IN THE US INC

Par	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	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.			^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		х
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		
	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		
	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 the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV.	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1....................................	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			ĺ
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

		28971	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		<u> </u>
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).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
U	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
د 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.			Ê
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		x
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) Part VI

FOSTER CARE IN THE US INC 81-2828971
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. - -

Sect	ion A. Governing Body and Management							
4 -	Fata the sumble of the fate of the second state of the second state of the terms		1	40	Yes	No		
1 a	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	1a		10				
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
h	Enter the number of voting members included on line 1a, above, who are independent	1b		9				
b	-		ith it	9				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	-		2	X			
2	any other officer, director, trustee, or key employee?							
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 w					× X		
5	Did the organization become aware during the year of a significant diversion of the organization's			5				
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			-		v		
	one or more members of the governing body?			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					V		
-	stockholders, or persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n durir	ng					
-	the year by the following:			0.5	V			
a	The governing body?			8a	X X			
b	Each committee with authority to act on behalf of the governing body?			8b	^			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					V		
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Inter	nal Revenue	Code.) Yes	No		
102	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such of			100				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt po			10b	х			
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body befor			11a	-			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	e mini	guie ionne .		~			
12a				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g			12b	-			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "							
U	describe on Schedule O how this was done			12c	х			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and appr							
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation a							
а	The organization's CEO, Executive Director, or top management official.			15a		X		
b	Other officers or key employees of the organization			15b	-	X		
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• •						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen	t					
	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 evalu							
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
	the organization's exempt status with respect to such arrangements?	•		16b				
Sect	ion C. Disclosure	-		1.24	1	1		
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,							
-	(3)s only) available for public inspection. Indicate how you made these available. Check all that app		((-)				
		-	on Schedule	O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,			,				
	and financial 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	book	s and records					
	JESSICA ANGELIQUE		(812) 319-750					
	714 E COLUMBIA STREET, EVANSVILLE, IN 47711							

Form 990 (2023)	FOSTER CARE IN THE US INC	81-2828971	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee	es	
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with o tax year.	within the	
	f the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount	

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

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(0	C)					
					ition			(=)	(-)	-
(A) Name and title	(B) Average					e than o is both		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours	office	er an	d a di	recto	or/truste	e)	compensation	compensation	of other
	per week (list any	Individual trustee or director	Inst	Officer	Key	High	Former	from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for related	or director	itutio	cer	em	iest bloye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	tor tr	Institutional trustee		Key employee	è com		1033-1120)	1033-INEC)	related organizations
	below dotted line)	Istee	trus		ee	pen				
		Û	lee			Highest compensated employee				
(1) JESSICA ANGELIQUE	80.00									
EXECUTIVE DIRECTOR	0.00	Х			Х	Х		44,076		
(2) JENNIE ILLINGWORTH	5.00		1							
VICE PRESIDENT	2.00	Х		Х						
(3) JODIE KEEN	5.00									
DIRECTOR OF MEDIA	2.00	Х		Х						
(4) MANDY FEE	5.00									
DIRECTOR OF VOLUNTEERS	2.00	Х		Х						
(5) JOSH FEE	5.00									
DIRECTOR OF HOUSING	2.00	Х		Х						
(6) NAKIA GOODWIN	5.00									
BOARD PRESIDENT	2.00	Х		Х						
(7) HALEE DICKINSON	5.00									
SECRETARY	2.00	Х		Х						
(8) SARAH GOUGH	5.00									
MEDICAL DIRECTOR	2.00	Х		Х						
(9) IRAISI IBARRA	5.00									
BOARD MEMBER	2.00	Х								
(10) IJANAY DURONVILLE	5.00									
BORAD MEMBER	2.00	Х								
(11) KATHLEEN PETTIJOHN	5.00									
BOARD MEMBER	2.00	Х								
(12)		-								
(13)			-	\vdash						
·····										
(14)										

		CARE IN THE US IN										28289		Page 8
Pa	Section A. Offi	cers, Directors, Tru	stees, Key Emp	loye	es, a	and	Hig	jhest	Со	mpensated Emp	oloyees (cont	inued	<i>1)</i>	
	(A) Name and title		(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	more rson recto	e than of is both r/truster employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W 1099-MISC/ 1099-NEC)	1-2/	Estimat of comp fro organiz	(F) ed amount other pensation im the zation and irganizations
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal									44,076		0		0
c d	Total from continuation s Total (add lines 1b and 1									0 44.076		0		0
2	Total number of individuals reportable compensation fro	(including but not lin							ed i	,	000 of	0		0
3	Did the organization list any		otor tructoo kou				r bi	aboot		moncated			Y	/es No
3	employee on line 1a? If "Ye				-			-					3	X
4	For any individual listed on the organization and relate individual.	d organizations grea		-						-			4	X
5	Did any person listed on lin for services rendered to the								•				5	X
Sec	tion B. Independent Contra	ctors												
1	Complete this table for you compensation from the org											's tax	k year	
		(A) Name and business add	ress							(B) Description of serv	vices	Co	(C) ompensa	ation
														0
														0
														0
														0
2	Total number of independe more than \$100,000 of com			ed to	thos	se lis	sted	abov 0	/e) \	who received				0

more th	nan \$100 000	of compensation	n from the organization	

	90 (202 VIII	23) FOSTER CARE IN T Statement of Reven						81-28289	71 Page
		Check if Schedule O co		onse or	note to any line in	this Part VIII			🗌
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax under sections 512–5
S	1a	Federated campaigns		1a	0				
and Other Similar Amounts	b	Membership dues		1b	0				
nor	с	Fundraising events		1c	0				
A	d	Related organizations			0				
ilar	е	Government grants (contrib		1e	0				
Sim	f	All other contributions, gifts,	grants, and						
er (similar amounts not include	-	1f	104,681				
Gt	g	Noncash contributions inclu	ded in						
pc D	•	lines 1a-1f		1g	\$ 24,250				
ar	h	Total. Add lines 1a-1f				104,681			
					Business Code				
	2a					0			
e	b					0			
Revenue	С					0			
eve	d					0			
, w	е					0			
	f	All other program service re				0			
	g	Total. Add lines 2a-2f				0			
	3	Investment income (includi	ng dividends,	interes	st, and				
		other similar amounts)							
	4	Income from investment of	tax-exempt b	ond pro	oceeds	0			
	5	Royalties				0			
	-		(i) F		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses .	6b						
	с	Rental income or (loss)	6c	0	0				
	d	Net rental income or (loss)				0			
	7a	Gross amount from	(i) Sec	urities	(ii) Other				
		sales of assets							
		other than inventory	7a	0	0				
2	b	Less: cost or other basis							
Þ		and sales expenses	7b	0	0				
	С	Gain or (loss).....	7c	0	0				
5	d	Net gain or (loss)				0			
	8a	Gross income from fundrais	sing						
)		events (not including \$	0						
		of contributions reported or	,						
		See Part IV, line 18			10,542				
	b	Less: direct expenses			2,220				
		Net income or (loss) from fu	-	ents .		8,322			
	9a	Gross income from gaming	activities.						
		See Part IV, line 19		9a	0				
	b	Less: direct expenses			0				
		Net income or (loss) from g	-	es		0			
	10a	Gross sales of inventory, les	SS						
		returns and allowances		10a	0				
		Less: cost of goods sold .		10b	0				
	С	Net income or (loss) from s	ales of invent	ory.		0			
					Business Code				
ue	11a				ļ	0			
'en	b					0			
Revenue	С				ļ	0			
-	d	All other revenue				0			
	е	Total. Add lines 11a-11d .				0			
-	12	Total revenue. See instruc	tions			113,003	0	0	

21

22

23

24

а

b

е

25

26

All other expenses

FOSTER CARE IN THE US INC

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	omplete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	artIX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	44,076	17,394	22,275	4,407

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 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) . . . 9 10 11 Fees for services (nonemployees): а Management. b С d Professional fundraising services. See Part IV, line 17. . . е f Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) YOUTH FOOD & SUPPLIES

YOUTH OCCUPANCY

Total functional expenses. Add lines 1 through 24e.

.....

c <u>YOUTH TRANSPORTATION</u> d REPAIRS AND MAINTENANCE

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)....

_				
	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Total expenses	expenses	general expenses	expenses
	0			
	0			
	0			
	0			
	0			
	44,076	17,394	22,275	4,407
	0			
	0			
	-			
	0			
	0 4,896	2,154	2,252	490
	4,090	2,104	2,232	490
	0			
	0			
	3,278		3,278	
	0			
	0			
	0			
	0		0	
	1,750	770	805	175
	4,665	2,052	2,146	467
	0			
	0			
	3,259	1,434	1,499	326
	1,323		1,323	
	0			
	0			
	96		96	
	0			
	5,037	0	5,037	0
	3,919	1,959	1,568	392
	30,310	30,310		
	1,618	1,618		
	2,179	2,179		
	12,975	12,975		
	8,751	960	7,791	
	128,132	73,805	48,070	6,257

	990 (2					81-2828971 Page 11
Pa	art X					
		Check if Schedule O contains a response or n	ote to any line in this Part X	(A) Beginning of year		
	1	Cash—non-interest-bearing		10,333	1	4,024
	2	Savings and temporary cash investments		0	2	1,021
	3	Pledges and grants receivable, net		0	3	C
	4	Accounts receivable, net		5,000	4	C
	5	Loans and other receivables from any current or		- ,		
	-	trustee, key employee, creator or founder, substar controlled entity or family member of any of these	ntial contributor, or 35%	0	5	
	6	Loans and other receivables from other disqualified	· ·			
	_	under section 4958(f)(1)), and persons described in		0	6	
ŝts	7	Notes and loans receivable, net		0	7	C
Assets	8	Inventories for sale or use		0	8	
Â	9	Prepaid expenses and deferred charges		0	9	
	10a	Land, buildings, and equipment: cost or				
			10a 207,594			
	b	Less: accumulated depreciation	10b 5,591	203,740	10c	202,003
	11	Investments—publicly traded securities		0	11	C
	12	Investments—other securities. See Part IV, line 1	1	0	12	C
	13	Investments—program-related. See Part IV, line	11	0	13	C
	14	Intangible assets		0	14	C
	15	Other assets. See Part IV, line 11	[0	15	C
	16	Total assets. Add lines 1 through 15 (must equal	line 33)	219,073	16	206,027
	17	Accounts payable and accrued expenses		0	17	2,083
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability. Complete Pa		0	21	
Liabilities	22	Loans and other payables to any current or forme				
jį		trustee, key employee, creator or founder, substar				
.iat		controlled entity or family member of any of these		0	22	
	23	Secured mortgages and notes payable to unrelate	· · · ·	0	23	0
	24	Unsecured notes and loans payable to unrelated		0	24	C
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines		0	25	C
	26	Part X of Schedule D		0	25 26	2,083
	20			U	20	2,000
ĕ		Organizations that follow FASB ASC 958, check	k nere 🛛			
lan	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		219,073	27	203,944
Ba	27 28		-	219,073	27	203,944
р	28	Net assets with donor restrictions		0	20	
Ē		and complete lines 29 through 33.				
٩	29	Capital stock or trust principal, or current funds.		0	29	
ŝts	30	Paid-in or capital surplus, or land, building, or equ		0	30	
SSE	31	Retained earnings, endowment, accumulated inco	· ·	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances		219,073	32	203,944
Ne	33	Total liabilities and net assets/fund balances		219,073	33	206,027
				2.0,010		Form 990 (2023)

Form 9	0990 (2023) FOSTER CARE IN THE US INC	8	31-2828971	Pa	_{ge} 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		11	3,003
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	8,132
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	5,129
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21	9,073
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		20	3,944
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
		• •			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• • •	20		
	reviewed on a separate basis, consolidated basis, or both.				
					X
b	Were the organization's financial statements audited by an independent accountant?	• •	. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• •	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	. <u>Ja</u>		^
U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required addition addition, explain why on ochedule of and describe any steps taken to undergo such addits.		. 30		

Form 990 (2023)

SCH	EDUL	E A
<i>.</i>		

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. - 4 2 *.*__

2023 **Open to Public**

OMB No. 1545-0047

		venue Service	Go	to www.irs.gov/Form	n990 for instructions ar	nd the late	st informat	tion.	Inspection	
		e organization						Employer identification		
FOST Part		CARE IN THE		ity Status (All or	ganizations must co	mploto t	hic part)	81-28	28971	
				,	pr lines 1 through 12, c	•	• •			
1		A church, conv	ention of church	es, or association of	churches described in	section 1	170(b)(1)(A	(i).		
2		A school descr	ibed in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)				
3		-	-		ation described in sect					
4			arch organization e, city, and state:		iction with a hospital de	escribed ir	section 1	1 70(b)(1)(A)(iii). Ente	r the	
5		0	n operated for the (1)(A)(iv). (Com	•	e or university owned o	or operated	d by a gov	ernmental unit desci	ibed in	
6		A federal, state	, or local govern	ment or government	tal unit described in se	ction 170((b)(1)(A)(v)).		
7	Х			eceives a substantia (A)(vi). (Complete	al part of its support fro Part II.)	m a gover	mmental u	nit or from the gener	al public	
8		A community tr	ust described in	section 170(b)(1)(A)(vi). (Complete Part I	l.)				
9		or university or	a non-land-gram	nt college of agricult	ection 170(b)(1)(A)(ix) ure (see instructions).	Enter the	name, cit			
10		An organization receipts from a support from g	n that normally re ctivities related ross investment	eceives (1) more tha to its exempt function income and unrelated	an 33 1/3% of its suppo ons, subject to certain ted business taxable ir See section 509(a)(2)	rt from co exception ncome (les	ntributions s; and (2) ss section	no more than 33 1/3 511 tax) from busin	3% of its	
11 [An organization	n organized and	operated exclusively	to test for public safe	ty. See se	ction 509(a)(4).		
12		one or more pu	blicly supported	l organizations desc	ly for the benefit of, to ribed in section 509(a bes the type of suppor	a)(1) or se	ction 509	(a)(2). See section	509(a)(3).	
а		the supporte	ed organization(pervised, or controlled larly appoint or elect a ctions A and B.					
b	[control or m	anagement of th		r controlled in connect zation vested in the sa Sections A and C.					
C	[Type III fun	ctionally integra	ated. A supporting c	organization operated in You must complete				ated with,	
d	[that is not fu requirement	nctionally integr (see instruction	ated. The organizat ns). You must com	ting organization opera ion generally must sati plete Part IV, Section	isfy a distr s A and E	ibution rec), and Pa i	quirement and an att rt V.	entiveness	
е	L				tten determination from			Туре I, Туре II, Туре	∋	
f				organizations	ally integrated support	ing organi	ization.			0
g		Provide the follo	wing information	about the supporte						
	(i)	Name of supported o	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount o other support (se instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total								0		0

		CARE IN THE US				81-282897	Page 2
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sect	ions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on lir	ne 5, 7, or 8 of	Part I or if the o	rganization fail	ed to qualify unc	ler
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
Sec	tion A. Public Support			•	•	·	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and					()	()
	membership fees received. (Do not						
	include any "unusual grants.").		8,874	251,878	115,606	104,681	481,039
2	Tax revenues levied for the		0,074	231,070	113,000	104,001	401,039
2	organization's benefit and either paid						
	.						0
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	8,874	251,878	115,606	104,681	481,039
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)						
6	Public support. Subtract line 5 from line 4						481,039
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	8,874	251,878	115,606	104,681	481,039
8	Gross income from interest, dividends,						
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						-
Ū	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	· · · ·						481,039
						12	401,039
12 12	Gross receipts from related activities, etc. (s First 5 years. If the Form 990 is for the organ					12	
13	organization, check this box and stop here				()()		
0	,						
	tion C. Computation of Public Su		0	~ ` `		44	
14	Public support percentage for 2023 (line 6, c					14	0.00%
15	Public support percentage from 2022 Sched					15	0.00%
16a	33 1/3% support test—2023. If the organization qualifies and						
	and stop here. The organization qualifies as		-				· · · · L
b	33 1/3% support test-2022. If the organization						
	box and stop here. The organization qualified	es as a publicly sup	ported organization	1			· · · · L
17a	10%-facts-and-circumstances test-2023	0					
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts		Ũ	•	. ,		
	organization						· · · · L
b	10%-facts-and-circumstances test—2022	•					
	15 is 10% or more, and if the organization m in Part VI how the organization meets the fac				• •		
	organization		-				🗖
18	Private foundation. If the organization did n					· · ·	
10	· · · · · ·						
	instructions						

Schedule	A (Form	990) 2023
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Schedule A (Form 990) 2023

Part III

FOSTER CARE IN THE US INC

81-2828971

Page 3

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
-	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support		(1)	()	(1)	()	(n
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
	and 12.)	0	0			0	0
14	First 5 years. If the Form 990 is for the organ			•			
0	organization, check this box and stop here						· · · · · L
	tion C. Computation of Public Su	•••	-	£\)		45	0.00%
15	Public support percentage for 2023 (line 8, o		,	,,		15	0.00%
16 500	Public support percentage from 2022 Scher					16	0.00%
	tion D. Computation of Investmer					47	0.000/
17	Investment income percentage for 2023 (line		-			17	0.00%
18	Investment income percentage from 2022 So						0.00%
198	33 1/3% support tests—2023. If the organiz						
h	not more than 33 1/3%, check this box and s 33 1/3% support tests—2022. If the organiz				-		· · · · L
D D	line 18 is not more than 33 1/3%, check th						
20		-	-			-	
							· · · · · _

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
•		
3c		
4a		
τu		
4b		
40		
4c		
E.		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
,		
10b		

		1-2828971		Page
Part	V Supporting Organizations (continued)			
		_	Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11	a	
b	A family member of a person described on line 11a above?	11	b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prov	ide		
	detail in Part VI.	11	C	
ect	ion B. Type I Supporting Organizations			
			Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	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 suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ne 🛛		
	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	2	
ect	ion C. Type II Supporting Organizations			
			Yes	N
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		
ect	ion D. All Type III Supporting Organizations	I		
			Yes	N
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	rtav		

- 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?
 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). **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- 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.*

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** [_] The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

1

2

3

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 FOSTER CARE IN THE US INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Iraania		828971 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C 1 Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	
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	0	
· · · ·			(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(1)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e 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	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section 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		

Schedule A (Form 990) 2023

Schedule Part	A (Form 990) 2023 FOSTER CARE IN THE US INC Type III Non-Functionally Integrated 509(a)(3)		zations (continue		1-2828971 Page 7
	on D - Distributions	<u>, , , , , , , , , , , , , , , , , , , </u>			Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
-	Amounts paid to perform activity that directly furthers exemp			-	· · · · · · · · · · · · · · · · · · ·
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required-p	rovide details in Part VI		5	
	Other distributions (describe in Part VI). See instructions.	,		6	
	Total annual distributions. Add lines 1 through 6.			7	0
8	Distributions to attentive supported organizations to which the	e organization is respon-	sive		
	(provide details in Part VI). See instructions.	. .		8	
9	Distributable amount for 2023 from Section C, line 6			9	0
10	Line 8 amount divided by line 9 amount			10	0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required— <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
	From 2022				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2023 distributable amount				0
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2023 from				
	Section D, line 7: \$ 0				
	Applied to underdistributions of prior years			0	
b	Applied to 2023 distributable amount				0
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain</i>				
	in Part VI. See instructions.				0
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.	0			
8	Breakdown of line 7:				
	Excess from 20190				
b	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023 0				Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A (F		81-2828971	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV	17b; Part , Section	
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

2023

5	
FOSTER CARE IN THE US INC	

Employe	r identification	number
---------	------------------	--------

81-2828971

Organization type (check on

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

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

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

General Rule

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

Special Rules

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

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

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

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

	ganization CARE IN THE US INC		Employer identification number 81-2828971
Part I	Contributors (see instructions). Use duplicate co	opies of Part I if additional space i	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	KATHLEEN & CHRIS PETTIJOHN 3144 TWIN LAKES DRIVE ELBERFELD IN 47613 Foreign State or Province:		PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SUGAR BAKERS 1100 TUTOR LANE EVANSVILLE IN 47715 Foreign State or Province:		PersonPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Occupient Payroll Occupient Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

Name of org	ganization CARE IN THE US INC		Employer identification number 81-2828971
Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional sp	bace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023)

Schedule B (Fo	orm 990) (2023)			Page 4		
Name of orga				Employer identification number		
Part III	(10) that total more the following line en	e than \$1,000 for the yea try. For organizations com	r from any one contributor. Con	81-2828971 cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc., instructions.) \$		
()))	Use duplicate copie	s of Part III if additional sp	ace is needed.			
(a) No. from Part I		ose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's	name, address, and ZIP ·	(e) Transfer of gift	nship of transferor to transferee		
()))	For. Prov.	Country				
(a) No. from Part I	(b) Purpo	ose of gift	(c) Use of gift	(d) Description of how gift is held		
			(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from Part I	For. Prov. (b) Purpo	Country ose of gift	(c) Use of gift	(d) Description of how gift is held		
·			(e) Transfer of gift			
	Transferee's	name, address, and ZIP	+ 4 Relatio	nship of transferor to transferee		
	For. Prov.	Country				
(a) No. from Part I	(b) Purpo	ose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's	name, address, and ZIP	+ 4 Relatio	nship of transferor to transferee		
	For. Prov.	Country				

SCHEDULE D (Form 990)		Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,			OMB No. 1545-	•	
Department of the Treasury		, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. /Form990 for instructions and the latest information.			Open to Pub Inspection	olic	
Name	of the organization				oyer identification nu		
FOS	FER CARE IN THE	E US INC			81-282	8971	
Part	Organizat	ions Maintaining Donor A	Advised Funds or Other S	Similar Funds o	r Accounts.		
	Complete i	f the organization answere	d "Yes" on Form 990, Parl	t IV, line 6.			
			(a) Donor advised fund	ls	(b) Funds and of	her accounts	
1		end of year					
2		contributions to (during year) .					
3 4		grants from (during year)					
4 5		tion inform all donors and donc	 or advisors in writing that the a	esets held in dono	radvised		
3	-	anization's property, subject to	_			Yes	No
6	-	tion inform all grantees, donors	-	-]
		e purposes and not for the be					
	conferring imper	missible private benefit?				Yes	No
Part	Conservation	tion Easements.					
		f the organization answere					
1		nservation easements held by t					
		of land for public use (for examp	le, recreation or education)		historically importa		
	Protection of	natural habitat		Preservation of a	certified historic st	ructure	
	Preservation	of open space					
2	Complete lines 2	a through 2d if the organizatior	n held a qualified conservatior	n contribution in the			
		last day of the tax year.				he End of the Tax	Year
a		conservation easements			2a 2b		
b	0	stricted by conservation easer ervation easements on a certific			20 2c		
c d		rvation easements included or			20		
		structure listed in the National			2d		
3	Number of conse	rvation easements modified, tr	ansferred, released, extinguis	hed, or terminated	by the organizatio	n during	
	the tax year						
4		where property subject to con					
5	-	ation have a written policy rega		-	-		1
6	•	nforcement of the conservation hours devoted to monitoring, insp				ing the year	No
7	Amount of expense	es incurred in monitoring, inspectir	ng, handling of violations, and en	forcing conservation	easements during th	e year	
8		h)(4)(B)(ii)?				Yes	No
9	balance sheet, a	ribe how the organization repo nd include, if applicable, the tex	xt of the footnote to the organi		•		
Dom		counting for conservation eas		Oth			
	Complete i	ions Maintaining Collection f the organization answere	d "Yes" on Form 990, Part	t IV, line 8.			
1a	•	n elected, as permitted under	•				
		orical treasures, or other simila	-			ance of	
h		rovide in Part XIII the text of th n elected, as permitted under F				et works	
U U	-	reasures, or other similar asse					
		the following amounts relating	-			Papilo	
		uded on Form 990, Part VIII, li			\$		
		ed in Form 990, Part X					
2	-	n received or held works of art,			nancial gain, prov	ide the	
	following amounts required to be reported under FASB ASC 958 relating to these items.						
а		d on Form 990, Part VIII, line					
b	Assets included	in Form 990, Part X			\$		

Sched	ule D (Form 990) 2023 FOSTER CARE IN THE	US INC					81-28289)71		Page 2
Part	Organizations Maintaining Colle	ctions of Ar	t, Histor	rical Trea	asures, or O	Other S	Similar Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other	records,	check any	of the followin	ng that r	make significant u	se of its	3	
	collection items (check all that apply).									
а	Public exhibition		d	Loan or	exchange pro	gram				
b	Scholarly research		e	Other						
с	Preservation for future generations									
4	Provide a description of the organization's co XIII.	ollections and	explain h	ow they fu	rther the orga	nizatior	n's exempt purpos	e in Pa	rt	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t							∏ Y€	es 🥅	No
Part	Escrow and Custodial Arrangem Complete if the organization answe 990, Part X, line 21.		n Form §	990, Part	IV, line 9, or	r report	ted an amount o	on Forr	 n	<u>.</u>
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?							Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete	the follow	ving table.						
-						10		mount		
C L	Beginning balance					1c 1d				
d	Additions during the year					10				
e	Distributions during the year					1f				0
f	Ending balance									1
2a	Did the organization include an amount on F	orm 990, Part	X, line 21	, for escro	w or custodia	l accou	nt liability?	Y	es 🛛	No
b	If "Yes," explain the arrangement in Part XIII	I. Check here	if the exp	lanation ha	as been provid	ded in F	Part XIII	<u> </u>		
Part	V Endowment Funds.									
	Complete if the organization answe	ered "Yes" o	n Form 9	990, Part	IV, line 10.					
	(a)	Current year	(b) Pri	ior year	(c) Two years I	back	(d) Three years back	(e) Fo	our years	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships							<u> </u>		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0	0)		0
2	Provide the estimated percentage of the curr	ent year end l	palance (l	ine 1g, col	umn (a)) held	as:				
а			<u>%</u>							
b	Permanent endowment	<u>%</u>								
С	Term endowment <u>%</u>									
-	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the o	rganizatio	on that are	held and adm	inistere	ed for the	1	Vee	Na
	organization by:							20(1)	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz		•					3b		
4	Describe in Part XIII the intended uses of the		s endown	nent funds	•					
Part	VI Land, Buildings, and Equipment. Complete if the organization answe		n Form 🤇	90 Part	IV line 11a	See F	orm 990 Part)	(line	10	
	Description of property	(a) Cost or ot			prother basis		Accumulated		ook value	e
		(investm		. ,	other)	• • •	epreciation	(~) D(• and	-
1a	Land		0		4,300					4,300
b	Buildings		0		188,633		3,387		18	35,246
c	Leasehold improvements	<u> </u>	0		0		0			0
d	Equipment.	<u> </u>	0		0		0			0
е	Other		0		14,661		2,204		1	12,457

Total. Add lines 1a through 1e. (Column (d) must e	augl Lorm ()() Dart V	ling 10c column (R))	

202,003

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

Sched	ule D (Form 990) 2023 FOSTER CARE IN THE US INC	81-2828971	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е		2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>).	5	0
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.

Schedule D (Form 990) 2023	FOSTER CARE IN THE US INC	81-2828971	Page 5
Part XIII Supplem	ental Information (continued)		

SCHEDULE O Supplemental Information to Form 990 or 990-EZ			OMB No. 1545-0047		
(Form 990)	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.		2023		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to <i>www.irs.gov/Form990</i> for the latest information.		Open to Public Inspection		
Name of the organization		Employer identi	fication number		
FOSTER CARE IN TH	E US INC	81-2828971			
Form 990, Part XI, Line	e 24e: Fees & Charges Total Expenses - \$400.00 Program service expense	es			
- \$48.00 \$ Mgmt and g	eneral expenses- \$352.00				
Form 990, Part XI, Line	e 24e: Dues and Subscriptions Total Expenses - \$2395.00 Mgmt and gener	ral			
expenses - \$2395.00					
Form 990, Part XI, Line	e 24e: Equipment Rental Total Expenses - \$838.00 Mgmt and general				
expenses - \$838.00					
Form 990, Part XI, Line	e 24e: Food and Drink Total Expenses - \$995.00 Mgmt and general expens	es			
- \$995.00					
Form 990, Part XI, Line	e 24e: Postage Total Expenses - \$191.00 Mgmt and general expenses -				
\$191.00					
Form 990, Part XI, Line	e 24e: Security Systems Total Expenses - \$2023.00 Mgmt and general				
expenses - \$2023.00					
Form 990, Part XI, Line	e 24e: Telephone & Internet Total Expenses - \$1064.00 Program Service				
expenses - \$67.00 Mg	mt and general expenses - \$997.00				
Form 990, Part XI, Line	e 24e: Youth Hair Care & Hygiene Total Expenses - \$165.00 Program				
Service expenses - \$1	65.00				
Form 990, Part XI, Line	e 24e: Youth Housing Total Expenses - \$680.00 Program Service expenses	3 -			
\$680.00					
Form 990, Part VI, Sec	tion B, Line 11B: A COPY OF THE RETURN IS REVIEWED BY THE EXE	CUTIVE			
DIRECTOR BEFORE	IT IS SENT TO THE BOARD.				
Form 990, Part VI, Sec	tion C, Line 19: NO DOCUMENTS ARE PROVIDED TO THE PUBLIC				

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
FOSTER CARE IN THE US INC	81-2828971
	01-2020371

FOSTER CARE IN THE US INC

XX-XXX8971

The following questions should be answered in the context of the **FEDERAL** return being electronically filed. Responses for state efiles are below.

	Fo	orm family	applicabili	ity	
Check ("x") this column to see more information, when available.	1065	1120/F	1120S	990	1041
X Name of signing officer or fiduciary JESSICA ANGELIQUE					
Check ("X") if foreign officer and does not have a SSN/TIN					
OR					
Check ("X") if officer opts not to provide SSN/ITIN					
OR					
Enter SSN/EIN of signing officer or fiduciary	Y	Y	Y	Y	Y

If a financial institution is the fiduciary then the financial institution's name should be entered.

Total Income from Prior Year return	Y	Y	Y	Y
If claiming deduction for Salary & Wages on current year return, mark this box and enter the <u>COUNT</u> of original W2's reported to SSA for this tax year.	Y	Y	Y	
If claiming Compensation of Officers on current year return, mark this box and enter the number of officers		Y	Y	
Parent Company Name Parent Company EIN	Y	Y	Y	
Business's Primary Physical Address: Street Line 2 City Country Province Postal Code	Y	Y	Y	
Grantor NameGrantor SSN				Y
Indicate which, if any, of the following forms this entity is required to file. 720 990 1042 940 941 943 944 945	Y	Y	Y	Y
Were estimated tax payments made for this entity towards the current tax year's liability?		Y	Y	Y
Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits. First Payment, regardless of quarter or date paid. Method Direct Debit/ACH Cash Check EFTPS Amount paid with first quarter Amount paid with first quarter Method Check EFTPS				
Date payment was requested to be debited For Cash payments, date cash was deposited. For Check payments, date on check. Last 4 digits of account number for Direct Debit/ACH or EFTPS payment .				
EFTPS Confirmation Number Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits. Last Payment, regardless of quarter or date paid.				
Do NOT use if only one estimated payment was made. Method Direct Debit/ACH Cash Check EFTPS				
Amount of last payment Date payment was requested to be debited For Cash payments, date cash was deposited. For Check payments, date on check.				

Last 4 digits	of account	number fo	r Direct	Debit/ACH	or EFTPS	pavment.	
East 1 aights	or account	inalitio of To		Dopiarion	01 21 11 0	paymont.	· -

EFTPS Confirmation Number.....

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1 _		
2	Membership dues	2		
3	Fundraising events	3 _		
4	Related organizations	4 _		
5	Government grants (contributions)	5 _		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	GENERAL	_	80,431	
	NON CASH CONTRIBUTIONS			24,250
			<u> </u>	
	Other contributions total	6 —	80.431	24,250
7		7	80.431	24,250
			55,451	24,230

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
Depreciation	1 <u>5,037</u>		5,037	
Depletion	2 0			
Amortization				
1 Total	4 5,037	0	5,037	(

Part X, Line 4 (990) - Accounts Receivable

•		Accounts receivable			Allowance for doubtful accounts		
	Ē	Beginning	E	ind	Beginning		End
1	1	5,000		0	0		
2	2	0			0		
3	3	0			0		
4	4	0			0		
5	5	0			0		
6	6	0			0		
7	7	0			0		
8	8	0			0		
9	9	0			0		
10	10	0			0		
11 Total accounts receivable	11	5,000		0	0		

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

			Before Disposition:	-	554	207,040			
		* Asset disposed during tax year	Less Disposed: After Disposition:				5,591	5,591	202,003
		Asset Description and Classific	E	Beginning of Yea	r	End of Year			
	Check (X) if				Beginning		Current	Ending	
	Investment		Asset	Cost/Other	Accumulated	Beginning	Year	Accumulated	Ending
	Asset	Category or Item	Classification	Basis	Depreciation	Balance	Depreciation	Depreciation	Balance
1		2016 DODGE JOUNREY CROSSOVER	Other	11,073	0	11,073	1,845	1,845	9,228
2		23 COLUMBIA BUILDING	Buildings	188,633	554	188,079	3,387	3,387	185,246
3		FURNITURE AND FIXTURES	Other	3,588	0	3,588	359	359	3,229
4		LAND	Land	4,300	0	4,300		0	4,300