



## **IMPORTANT PUBLIC FILE INFORMATION**

Dear CBM Client,

This Federal 990 form should be used for copying, for anyone requesting a copy of the 990. All Schedules of contributors have been removed from this copy as allowed by law.

Do Not File This Copy!

If you have any questions, please do not hesitate to call 301-986-0600.

Thank you!!

*Councilor, Buchanan + Mitchell, P.C.*

Return of Organization Exempt From Income Tax

Under section 501(c)(1) 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.

OMB No. 1545-0047 2023 Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable:

Address change Name change Initial return Final return/terminated Amended return

Applicable: Filing status: 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527

J Website: WWW.ADOPTIONSUPPORT.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1998 M State of legal domicile: MD

1 Briefly describe the organization's mission or most significant activities: THE CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC. (C.A.S.E.) PROVIDES PRE- AND POST-PERMANENCY

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 1e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-124e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: DEBBIE RILEY, CEO Date: 8-2-2024

Paid Print/type preparer's name: JULIA L. LAFFERTY Preparer's signature: JULIA L. LAFFERTY Date: 07/24/24

Preparer Firm's name: COUNCIOR, BUCHANAN & MITCHELL, P.C. Firm's EIN: 52-1711839

Use Only Firm's address: 7910 WOODMONT AVE. STE. 500 BETHESDA, MD 20814 Phone no. (301) 986-0600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC. (C.A.S.E.) PROVIDES PRE- AND POST-PERMANENCY COUNSELING AND EDUCATION SERVICES TO FOSTER, KINSHIP, AND ADOPTIVE FAMILIES, EDUCATORS, CHILD WELFARE STAFF, AND MENTAL HEALTH PROVIDERS IN THE MARYLAND, NORTHERN VIRGINIA,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,172,568. including grants of \$ 0.) (Revenue \$ 330,928.) COUNSELING - AS A PRIVATE, NONPROFIT SUPPORT CENTER FOR ADOPTIVE FAMILIES, EACH YEAR C.A.S.E. PROVIDES CULTURALLY SENSITIVE MENTAL HEALTH SERVICES TO OVER 2,044 PROSPECTIVE FOSTER, KINSHIP AND ADOPTIVE FAMILIES AND ADOPTIVE YOUTH/TEENS, ADULT ADOPTEE'S AND THEIR FAMILIES, IN MARYLAND, NORTHERN VIRGINIA, AND WASHINGTON, D.C. C.A.S.E. ADDRESSES COMMON DEVELOPMENTAL ISSUES AND SOCIAL-EMOTIONAL CHALLENGES FREQUENTLY SHARED BY FOSTER YOUTH, ADOPTEE'S, AND THEIR FAMILIES. POST-PERMANENCY CARE INVOLVES EARLY INTERVENTION MEASURES TO ENSURE THAT ADOPTIVE FAMILIES CAN THRIVE. C.A.S.E. STAFF ARE A MULTI-DISCIPLINARY TEAM BRINGING TOGETHER EXPERTISE IN THE FIELD OF SOCIAL WORK, FAMILY THERAPY, TRAUMA INFORMED CARE, EXPRESSIVE THERAPY, AND EDUCATION TO ADDRESS THE UNIQUE NEEDS OF THIS POPULATION. C.A.S.E. COMBINES BEST

4b (Code: ) (Expenses \$ 2,844,000. including grants of \$ 0.) (Revenue \$ 0.) NATIONAL INITIATIVES - THE NATIONAL ADOPTION COMPETENCY MENTAL HEALTH TRAINING INITIATIVE (NTI) (#90CO1144) AIMS TO ENHANCE THE CAPACITY OF CHILD WELFARE PROFESSIONALS AND MENTAL HEALTH PRACTITIONERS TO BETTER UNDERSTAND AND ADDRESS THE MENTAL HEALTH AND DEVELOPMENTAL NEEDS OF CHILDREN MOVING TO OR HAVING ACHIEVED PERMANENCY THROUGH ADOPTION OR GUARDIANSHIP. THROUGH THIS INITIATIVE, CHILD WELFARE PROFESSIONALS AND MENTAL HEALTH PRACTITIONERS IN ALL STATES, TRIBES AND TERRITORIES WILL HAVE ACCESS TO TWO STATE OF THE ART, EVIDENCE-INFORMED, STANDARDIZED WEB-BASED TRAININGS TO PROVIDE THE CASEWORK AND CLINICAL PRACTICES TO PROMOTE CHILD WELL-BEING AND FAMILY STABILITY. NTI WAS ESTABLISHED IN OCTOBER 2014 THROUGH A FIVE-YEAR, \$9 MILLION COOPERATIVE AGREEMENT WITH THE CHILDREN'S BUREAU, ADMINISTRATION OF CHILDREN AND FAMILIES,

4c (Code: ) (Expenses \$ 667,115. including grants of \$ 0.) (Revenue \$ 0.) EDUCATION RESOURCES AND TRAININGS - C.A.S.E.'S TRAINING PROGRAMS AND EDUCATIONAL FORUMS INTEGRATE THEORY, RESEARCH, AND BEST AND INNOVATIVE PRACTICES DESIGNED BY OUR EXPERTS IN PRE- AND POST-ADOPTION SUPPORT TO MEET THE SPECIFIC NEEDS OF LOCAL, NATIONAL, AND INTERNATIONAL FOSTER AND ADOPTION COMMUNITIES. IN 2023, 5,433 REGISTRANTS SIGNED UP FOR 11 STRENGTHENING YOUR FAMILY WEBINARS AND 1,136 INDIVIDUALS PARTICIPATED IN 23 CUSTOMIZED TRAININGS AND WORKSHOPS PROVIDED BY C.A.S.E. STAFF TO PARENTS IN PROFESSIONALS VIA CONTRACTING ORGANIZATIONS. THREE WISE UP! TRAIN THE TRAINER WORKSHOPS WERE OFFERED WITH 12 NEW ORGANIZATIONS BECOMING LICENSED WISE UP! SITES. C.A.S.E. ALSO OFFERED THREE TOPICAL, SIX-WEEK PARENT SUPPORT GROUP SERIES WITH 105 PARENTS PARTICIPATING. ADDITIONALLY, C.A.S.E. STAFF PARTICIPATED IN THREE NATIONALLY BROADCAST

4d Other program services (Describe on Schedule O.) (Expenses \$ 429,116. including grants of \$ 0.) (Revenue \$ 765,295.)

4e Total program service expenses 7,112,799.

SEE SCHEDULE O FOR CONTINUATION(S)

**Part IV Checklist of Required Schedules**

1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14a	15	16	17	18	19	20a	21
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12a	12b	13	14a	15	16	17	18	19	20a	21
Is the organization described in section 501(c)(3) (other than a private foundation)?	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	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	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 Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X g Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII h Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional i Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E j Did the organization maintain an office, employees, or agents outside of the United States? k 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 l 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 m 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 n 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 1e? If "Yes," complete Schedule G, Part I. See instructions o 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 p 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 q Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H r If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? s Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II											



**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	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			
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	X	
38		X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			56
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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	72		
2b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
3b		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			
5a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Did any taxable party notify the organization that it was or is 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 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). 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	
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d		If "Yes," indicate the number of Forms 8282 filed during the year	7d		
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		
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9		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:			
a		Initiation fees and capital contributions included on Part VIII, line 12	10a		
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11		Section 501(c)(12) organizations. Enter:			
a		Gross income from members or shareholders	11a		
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13		Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		Is the organization licensed to issue qualified health plans in more than one state?	13a		
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	13b		
c		Enter the amount of reserves on hand	13c		
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	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	X	
16		Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Form 990 (2023)

52-2100734 Page 6

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	17		
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 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 books and records  
**LESLIE SAVARY, CPA - 301-476-8525**  
**3919 NATIONAL DRIVE, SUITE 200, BURTONSVILLE, MD 20866**

332006 12-21-23

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2023)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."  
 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.  
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  
 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.  
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)	(C) Position (do not check more than one box)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of compensation from the organization and related organizations
(1) DEBBIE RILEY	40.00	X	239,015.	0.	6,105.
(2) AVI BURNSTEIN	40.00	X	195,000.	0.	5,555.
(3) LESLIE SAVARY	40.00	X	176,397.	0.	2,443.
(4) LAURA ORNELIAS	40.00		138,703.	0.	4,635.
(5) DAWN WILSON	40.00		134,682.	0.	4,521.
(6) TAMARA ARSENAULT	40.00		131,246.	0.	4,173.
(7) YASMIN LEWIS-WHITE	40.00		127,806.	0.	1,655.
(8) RICHARD K. DEWANEY	0.50	X	0.	0.	0.
PRESIDENT / CHAIR		X			
(9) RICK POWELL	0.50	X	0.	0.	0.
VICE CHAIR		X			
(10) COLLEEN CORDOVA	0.50	X	0.	0.	0.
TREASURER		X			
(11) ALEX HENDRICKS	0.50	X	0.	0.	0.
SECRETARY		X			
(12) UMA AHLUWALIA	0.50	X	0.	0.	0.
DIRECTOR		X			
(13) DAVID BULLITT	0.50	X	0.	0.	0.
DIRECTOR		X			
(14) DARA BUSMAN	0.50	X	0.	0.	0.
DIRECTOR		X			
(15) KATHLEEN DUGAN	0.50	X	0.	0.	0.
DIRECTOR		X			
(16) MICHAEL DUGAN	0.50	X	0.	0.	0.
DIRECTOR		X			
(17) BARBARA J. GERTZOG	0.50	X	0.	0.	0.
DIRECTOR		X			



**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Form 990 (2023)

52-2100734 Page 8

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELA KROOTH DIRECTOR	0.50	X						0.	0.	0.
(19) PADMINI MAHURKAR DIRECTOR	0.50	X						0.	0.	0.
(20) HEATHER H. QUINN DIRECTOR	0.50	X						0.	0.	0.
(21) KATHLEEN COOK RAVENSCROFT DIRECTOR	0.50	X						0.	0.	0.
(22) AARON D. SCHUHAM DIRECTOR	0.50	X						0.	0.	0.
(23) SARA VAN GEERTRUYDEN DIRECTOR	0.50	X						0.	0.	0.
(24) BEVERLY J. WOODARD DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								1,142,849.	0.	29,087.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,142,849.	0.	29,087.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF NEBRASKA - LINCOLN 2200 VINE STREET, LINCOLN, NE 68583	EVALUATION SERVICES	421,694.
ENCIRCLE, 2965 COLONADE DRIVE SW #310, ROANOKE, VA 24018	CASE MANAGEMENT SERVICES	153,946.
BOARD OF REGENTS UNIVERSITY OF WISCONSIN P.O. BOX 500, MILWAUKEE, WI 53201	TRAINING	136,825.
UNIVERSITY OF CONNECTICUT, 438 WHITNEY ROAD EXT. UNIT 1133, STORRS, CT 06269	TRAINING	132,512.
BIT TRANSFORMATION, 4715 BOILING BROOK PARKWAY, ROCKVILE, MD 20852	IT CONSULTING	125,730.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5	

Form 990 (2023)

**CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.**

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

	<b>(A)</b> Total revenue		7,707,154.							
	<b>(B)</b> Related or exempt function revenue									
	<b>(C)</b> Unrelated business revenue									
	<b>(D)</b> Revenue excluded from tax under sections 512 - 514									
	1	Federated campaigns	1,694.							
	2	Membership dues								
	3	Fundraising events	302,022.							
	4	Related organizations								
	5	Government grants (contributions)	5,701,569.							
6	All other contributions, gifts, grants, and similar amounts not included above	1,701,869.								
7	Noncash contributions included in lines 1a-1f	188,498.								
8	Total, Add lines 1a-1f	7,707,154.								

<b>2 a</b> TRAINING ADOPTION COMPETENCY		900099	504,277.						
<b>b</b> COUNSELING		900099	330,928.						
<b>c</b> TRAININGS & PUBLICATIONS		900099	96,734.						
<b>d</b>									
<b>e</b>									
<b>f</b> All other program service revenue									
<b>g</b> Total, Add lines 2a-2f			931,939.						

<b>3</b> Investment income (including dividends, interest, and other similar amounts)			65,353.						
<b>4</b> Income from investment of tax-exempt bond proceeds									
<b>5</b> Royalties									
<b>6 a</b> Gross rents									
<b>b</b> Less: rental expenses									
<b>c</b> Rental income or (loss)									
<b>d</b> Net rental income or (loss)									
<b>7 a</b> Gross amount from sales of assets other than inventory									
<b>b</b> Less: cost or other basis and sales expenses									
<b>c</b> Gain or (loss)									
<b>d</b> Net gain or (loss)									
<b>7 a</b> Gross amount from sales of contributions reported on line 1c. See Part IV, line 18		8a	307,388.						
<b>b</b> Less: direct expenses		8b	318,584.						
<b>c</b> Net income or (loss) from fundraising events									
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		9a							
<b>b</b> Less: direct expenses		9b							
<b>c</b> Net income or (loss) from gaming activities									
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a	147,504.						
<b>b</b> Less: cost of goods sold		10b	58,918.						
<b>c</b> Net income or (loss) from sales of inventory									

<b>8 a</b> Gross income from fundraising events (not including \$ 302,022. of contributions reported on line 1c. See Part IV, line 18		8a	307,388.						
<b>b</b> Less: direct expenses		8b	318,584.						
<b>c</b> Net income or (loss) from fundraising events									
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19		9a							
<b>b</b> Less: direct expenses		9b							
<b>c</b> Net income or (loss) from gaming activities									
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a	147,504.						
<b>b</b> Less: cost of goods sold		10b	58,918.						
<b>c</b> Net income or (loss) from sales of inventory									

<b>11 a</b> OTHER REVENUE		900099	75,698.						
<b>b</b>									
<b>c</b>									
<b>d</b> All other revenue									
<b>e</b> Total, Add lines 11a-11d			75,698.						

<b>12</b> Total revenue. See instructions			8,857,534.						
<b>11 a</b> OTHER REVENUE		900099	75,698.						
<b>b</b>									
<b>c</b>									
<b>d</b> All other revenue									
<b>e</b> Total, Add lines 11a-11d			75,698.						
<b>12</b> Total revenue. See instructions			1,096,223.						

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Form 990 (2023)

52-2100734 Page 10

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	624,515.	451,104.	139,408.	34,003.
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	3,889,663.	2,809,606.	868,275.	211,782.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,624.	24,287.	7,506.	1,831.
9 Other employee benefits	432,096.	312,115.	96,455.	23,526.
10 Payroll taxes	329,969.	238,345.	73,658.	17,966.
11 Fees for services (nonemployees):				
a Management				
b Legal	21,973.	1,820.	20,153.	
c Accounting	62,734.	6,901.	55,833.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,573.			14,573.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,849,916.	1,671,371.	149,535.	29,010.
12 Advertising and promotion	86,025.	24,873.	58,552.	2,600.
13 Office expenses	104,216.	75,963.	24,935.	3,318.
14 Information technology	161,570.	88,213.	72,397.	960.
15 Royalties				
16 Occupancy	359,794.	219,212.	123,059.	17,523.
17 Travel	160,937.	120,687.	38,795.	1,455.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,845.		27,845.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,797.		66,797.	
23 Insurance	21,821.	1,545.	20,276.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT REPAIRS AND M</b>	221,919.	87,251.	133,873.	795.
b <b>MISCELLANEOUS</b>	190,724.	109,956.	58,290.	22,478.
c <b>EVALUATION</b>	74,915.	74,915.		
d <b>DUES AND SUBSCRIPTIONS</b>	69,981.	13,987.	53,009.	2,985.
e All other expenses	64,298.	780,648.	-716,350.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,869,905.</b>	<b>7,112,799.</b>	<b>1,372,301.</b>	<b>384,805.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) **Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	94,860.	45,691.
2	Savings and temporary cash investments	978,720.	725,655.
3	Pledges and grants receivable, net	246,320.	25,000.
4	Accounts receivable, net	610,295.	1,655,711.
5	Loans and other receivables from 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		
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
7	Notes and loans receivable, net		
8	Inventories for sale or use	8,720.	12,260.
9	Prepaid expenses and deferred charges	63,550.	26,647.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	467,125.	
b	Less: accumulated depreciation	212,177.	
10c		253,019.	254,948.
11	Investments - publicly traded securities	2,144,812.	2,187,360.
12	Investments - other securities. See Part IV, line 11	27,538.	27,513.
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	1,348,961.	1,049,759.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,776,795.	6,010,544.
17	Accounts payable and accrued expenses	493,230.	1,131,842.
18	Grants payable		
19	Deferred revenue	858,393.	558,787.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other 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		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,410,699.	1,111,742.
26	<b>Total liabilities.</b> Add lines 17 through 25	2,762,322.	2,802,371.
27	Net assets without donor restrictions and complete lines 27, 28, 32, and 33.	784,900.	844,994.
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>	2,229,573.	2,363,179.
29	Capital stock or trust principal, or current funds and complete lines 29 through 33.		
30	Paid-in or capital surplus, or land, building, or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		
32	<b>Total net assets or fund balances</b>	3,014,473.	3,208,173.
33	<b>Total liabilities and net assets/fund balances</b>	5,776,795.	6,010,544.

Form 990 (2023)

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,857,534.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,869,905.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,371.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,014,473.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	206,071.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,208,173.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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?	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



2023

Open to Public Inspection

Employer identification number

52-2100734

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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)(ii).
2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 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:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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.)
9 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a 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.
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.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d 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.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

- f Enter the number of supported organizations
g Provide the following information about the supported organization(s):
(i) Name of supported organization
(ii) EIN
(iii) Type of organization (described on lines 1-10 above (see instructions))
(iv) Is the organization listed in your governing document?
(v) Amount of monetary support (see instructions)
(vi) Amount of other support (see instructions)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Schedule A (Form 990) 2023

52-2100734 Page 2

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6248187.	6087265.	5452842.	4719520.	6491462.	28999276.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6248187.	6087265.	5452842.	4719520.	6491462.	28999276.
<b>5</b> 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)						315,492.
<b>6 Public support.</b> Subtract line 5 from line 4.						28683784.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	6248187.	6087265.	5452842.	4719520.	6491462.	28999276.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,051.	15,880.	21,679.	40,280.	65,353.	161,243.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	78,439.	0.	25,718.	0.	776,322.	880,479.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,245.	3,697.	3,795.	54,540.	75,698.	141,975.
<b>11 Total support.</b> Add lines 7 through 10						30182973.

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	95.03	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	15	98.51	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2023

**CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
8						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9						
10a						
10b						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

11		Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
a	11a	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?		
	11b	A family member of a person described on line 11a above?		
	11c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

**Section B, Type I Supporting Organizations**

1		Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes	No
2	1	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?		
	2	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization?		

**Section C, Type II Supporting Organizations**

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).	Yes	No
---	--	--	-----	----

**Section D, All Type III Supporting Organizations**

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?	Yes	No
3	1	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	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3			

**Section E, Type III Functionally Integrated Supporting Organizations**

1		Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	a	The organization satisfied the Activities Test. Complete line 2 below.	<input type="checkbox"/>	
	b	The organization is the parent of its supported organizations. Complete line 3 below.	<input type="checkbox"/>	
	c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	<input type="checkbox"/>	

2		Activities Test. Answer lines 2a and 2b below.	Yes	No
a	2a	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.		
	2b	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	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	3a	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.		
	3b			



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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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



For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2023)

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

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

For an organization described in section 501(c)(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.

Special Rules

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.

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

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

Organization type (check one):

Table with 2 columns: Name of the organization (CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.), Employer identification number (52-2100734)

Schedule B (Form 990) Department of the Treasury Internal Revenue Service. Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. Schedule of Contributors. OMB No. 1545-0047 2023

Name of organization

**CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.**

Employer identification number

**52-2100734**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,508,328.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>925,720.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>450,064.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>729,804.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>713,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>271,768.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  
**CENTER FOR ADOPTION SUPPORT AND  
 EDUCATION, INC.**

Employer identification number  
**52-2100734**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 186,651.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
8		\$ 182,500.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
9		\$ 188,216.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
10		\$ 776,322.	(Complete Part II for noncash contributions.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization <b>CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.</b>	Employer identification number <b>52-2100734</b>
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>178,713.</u>	<u>12/31/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



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

2023 Open to Public Inspection

Name of the organization: CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC. Employer identification number: 52-2100734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, etc. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions 1a-1b and 2a-2b regarding reporting of art, historical treasures, or other similar assets. Includes dollar amount fields.

Schedule D (Form 990) 2023  
CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.  
52-2100734 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).  
a Public exhibition   
b Scholarly research   
c Preservation for future generations   
d Loan or exchange program   
e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  No

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, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount	1c	1d	1e	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes  No

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a	1b	1c	1d	1e	1f	1g
Beginning of year balance	1,873,897.	2,079,531.	2,111,237.	1,231,693.	1,147,429.	1,231,693.
Contributions				840,879.	3,892.	
Net investment earnings, gains, and losses	227,217.	-205,634.	68,494.	38,665.	80,372.	
Grants or scholarships						
Other expenditures for facilities and programs			100,000.			
Administrative expenses						
End of year balance	2,101,114.	1,873,897.	2,079,731.	2,111,237.	1,231,693.	1,231,693.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  
a Board designated or quasi-endowment % 0.000  
b Permanent endowment % 100  
c Term endowment % 0.000  
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  
(i) Unrelated organizations? Yes  No   
(ii) Related organizations? Yes  No   
(iii) Related organizations listed as required on Schedule R? Yes  No   
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes  No   
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	22,174.	13,322.		8,852.
d Equipment	151,142.	73,581.		77,561.
e Other	293,809.	125,274.		168,535.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				254,948.

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Schedule D (Form 990) 2023

52-2100734 Page **3**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION ASSET	110,935.
(2) OPERATING RIGHT-OF-USE ASSET	906,983.
(3) FINANCE RIGHT-OF-USE ASSET	10,814.
(4) DEPOSITS	21,027.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,049,759.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	989,596.
(3) FINANCE LEASE LIABILITY	11,211.
(4) DEFERRED COMPENSATION OBLIGATION	110,935.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,111,742.

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

Schedule D (Form 990) 2023

PART X, LINE 2:  
 C.A.S.E. IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. C.A.S.E. IS NOT A PRIVATE FOUNDATION. C.A.S.E. BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. C.A.S.E. RECOGNIZES INTEREST EXPENSE AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS, IF ANY, IN GENERAL AND ADMINISTRATIVE EXPENSES ON THE STATEMENT OF ACTIVITIES. DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022, C.A.S.E. DID NOT HAVE NET TAX INCOME FROM UNRELATED BUSINESS ACTIVITY; THEREFORE, THERE IS NO PROVISION IN THESE FINANCIAL STATEMENTS FOR INCOME TAXES OR INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS. TAX YEARS PRIOR TO 2020 ARE NOT

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 XIII Supplemental Information	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
4c	14,573.
4b	
4a	14,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
3	Subtract line 2e from line 1
3	8,855,332.
2e	176,505.
2d	58,918.
2c	
2b	
2a	117,587.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:
1	Total expenses and losses per audited financial statements
1	9,031,837.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
4c	14,573.
4b	
4a	14,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
3	Subtract line 2e from line 1
3	8,842,961.
2e	382,576.
2d	58,918.
2c	
2b	117,587.
2a	206,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
1	Total revenue, gains, and other support per audited financial statements
1	9,225,537.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
4c	14,573.
4b	
4a	14,573.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
3	Subtract line 2e from line 1
3	8,842,961.
2e	382,576.
2d	58,918.
2c	
2b	117,587.
2a	206,071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
1	Total revenue, gains, and other support per audited financial statements
1	9,225,537.



**Part XIII** Supplemental Information *(continued)*

LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE  
STATE OF MARYLAND.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 58,918.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 58,918.

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

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Table with 7 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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, Total.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events.

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Name of the organization: CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC. Employer identification number: 52-2100734.

**CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

**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 (add col. (a) through col. (c))	
		GOLF TOURNEY	GALA	NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	139,630.	469,780.		609,410.
	2	Less: Contributions	76,912.	225,110.		302,022.
	3	Gross income (line 1 minus line 2)	62,718.	244,670.		307,388.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	8,124.	5,114.		13,238.
	6	Rent/facility costs	0.	34,404.		34,404.
	7	Food and beverages	11,898.	138,500.		150,398.
	8	Entertainment	16,372.	25,209.		41,581.
	9	Other direct expenses	4,492.	74,471.		78,963.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				318,584.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-11,196.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 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?  Yes  No

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: \_\_\_\_\_

\_\_\_\_\_

CENTER FOR ADOPTION SUPPORT AND

EDUCATION, INC.

Schedule G (Form 990) 2023

52-2100734 Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b 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 Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

17 Mandatory distributions: Director/officer  Employee  Independent contractor

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

Part IV 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 J (Form 990) 2023

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

1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			
c	Participate in or receive payment from an equity-based compensation arrangement?			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?			
b	Any related organization?			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?			
b	Any related organization?			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			

<p><b>Part I Questions Regarding Compensation</b></p>	
<p><b>2023</b> OMB No. 1545-0047 Open to Public Inspection</p>	<p><b>Employer identification number</b> 52-2100734</p>
<p><b>Center for Adoption Support and Education, Inc.</b> Name of the organization</p>	
<p><b>Department of the Treasury Internal Revenue Service</b> (Form 990)</p>	
<p><b>Compensation Information</b></p> <p>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</p> <p>Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.</p> <p>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>	

CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.

52-2100734

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

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

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

Table with columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation, (C) Retirement and other deferred compensation, (D) Nontaxable benefits, (E) Total of columns (B)(i)-(D), (F) Compensation in column (B) reported as deferred on prior Form 990. Rows include DEBBIE RILEY (CEO), AVI BURNSTEIN (COO), and LESLIE SAVARY (CFO).



**Part III** Supplemental Information

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

**PART I, LINE 7:**

**DEBBIE RILEY, CEO, & LESLIE SAVARY, CFO, WERE AWARDED PERFORMANCE BONUSES IN 2023.**

Multiple horizontal lines for providing additional information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.** Employer identification number **52-2100734**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	188,498	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.

Employer identification number  
52-2100734

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

COUNSELING AND EDUCATION SERVICES TO FOSTER, KINSHIP, AND ADOPTIVE  
FAMILIES, EDUCATORS, CHILD WELFARE STAFF, AND MENTAL HEALTH PROVIDERS  
IN THE MARYLAND, NORTHERN VIRGINIA, AND WASHINGTON, D.C. AREAS.

C.A.S.E. COMBINES BEST PRACTICE AND INNOVATION TO PROVIDE SPECIALIZED  
THERAPY, TRAINING, AND RESOURCES TO SUPPORT PERMANENCY FOR CHILDREN AND  
PROMOTE THE HEALTHY GROWTH AND DEVELOPMENT OF FAMILIES, BOTH LOCALLY  
AND NATIONALLY.

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

AND WASHINGTON, D.C. AREAS. C.A.S.E. COMBINES BEST PRACTICE AND  
INNOVATION TO PROVIDE SPECIALIZED THERAPY, TRAINING, AND RESOURCES TO  
SUPPORT PERMANENCY FOR CHILDREN AND PROMOTE THE HEALTHY GROWTH AND  
DEVELOPMENT OF FAMILIES, BOTH LOCALLY AND NATIONALLY.

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

PRACTICES AND INNOVATION TO PROVIDE PREMIERE COUNSELING SERVICES TO  
ADVANCE PERMANENCY FOR CHILDREN AND THE HEALTHY GROWTH AND DEVELOPMENT  
OF FAMILIES.

WENDY'S WONDERFUL KIDS, THE DAVE THOMAS FOUNDATION FOR ADOPTION HAS  
AWARDED C.A.S.E. A GRANT TO IMPLEMENT THE WENDY'S WONDERFUL KIDS  
EVIDENCED BASED PROACTIVE, CHILD-FOCUSED RECRUITMENT MODEL IN THE STATE  
OF MARYLAND TARGETED EXCLUSIVELY ON MOVING THE LONGEST-WAITING CHILDREN  
FROM FOSTER CARE INTO ADOPTIVE FAMILIES.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization  
CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.

Employer identification number  
52-2100734

C.A.S.E. HAS CONTRACTED WITH THE MARYLAND DEPARTMENT OF HUMAN SERVICES TO HELP CHILDREN AGED 18 AND YOUNGER WHO HAVE BEEN ADOPTED FROM FOSTER CARE TO GROW IN PERMANENT, STABLE, LOVING FAMILIES. THIS STATE-WIDE PROGRAM DELIVERS SPECIALIZED POST-ADOPTION MENTAL HEALTH AND EDUCATIONAL SERVICES AND SUPPORTS. IN 2023, 106 FAMILIES HAVE BEEN SERVED.

C.A.S.E. IS LEADING THE NORTHERN POST ADOPTION CASE CONSORTIUM INITIATIVE, PARTNERING WITH CHILDREN'S HOME SOCIETY OF VIRGINIA AND ENCIRCLE THROUGH FUNDING FROM THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES TO OFFER POST-ADOPTION CASE MANAGEMENT AND CLINICAL SERVICES TO HELP ADOPTIVE FAMILIES IN VIRGINIA ACCESS APPROPRIATE SERVICES AND RESOURCES THROUGH COMMUNITY-BASED LINKAGE AND REFERRAL, EDUCATION, AND ADVOCACY. IN 2023, 222 FAMILIES HAVE BEEN SERVED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE COOPERATIVE AGREEMENT WAS EXTENDED THROUGH SEPTEMBER 2022 WITH ADDITIONAL \$1 MILLION/YEAR SENATE APPROPRIATIONS FUNDING TO CONTINUE THE IMPLEMENTATION NATIONALLY. THE COOPERATIVE AGREEMENT WAS REFUNDED IN OCTOBER 2022 FOR FIVE YEARS, \$10 MILLION, TO CONTINUE NATIONWIDE INFUSION AND IMPLEMENTATION WITHIN CHILD WELFARE SYSTEMS AND INCREASE UTILIZATION BY MENTAL HEALTH PROVIDERS ALONG WITH UPDATING THE CURRICULUM AND CONTINUING THE EVALUATION. SINCE 2019, 33 STATE CHILD WELFARE AGENCIES ARE EITHER HOSTING OR ACTIVELY PROMOTING NTI WITH THEIR STAFF AND ANOTHER 20 LOCAL, STATE, AND NATIONAL CHILD WELFARE OR MENTAL HEALTH PRIVATE ORGANIZATIONS HAVE INTEGRATED NTI INTO PRACTICE. IN 2023, AN ADDITIONAL 2,035 PROFESSIONALS ENROLLED IN NTI WITH MORE THAN 22,400 INDIVIDUALS

Name of the organization **CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.**

Employer identification number  
**52-2100734**

ENROLLING IN NTI SINCE 2017.

C.A.S.E. WAS AWARDED A NEW FIVE YEAR INITIATIVE FOR \$20 MILLION IN SEPTEMBER 2023, TO CREATE THE NATIONAL CENTER FOR ADOPTION COMPETENT MENTAL HEALTH SERVICES. THIS INITIATIVE WAS FUNDED THROUGH A COOPERATIVE AGREEMENT (#90CO1145) WITH THE CHILDREN'S BUREAU, ADMINISTRATION ON CHILDREN AND FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE NATIONAL CENTER FOR ADOPTION COMPETENT MENTAL HEALTH SERVICES AIMS TO IMPROVE MENTAL HEALTH OUTCOMES FOR CHILDREN AND FAMILIES WHO EXPERIENCED CHILD WELFARE SYSTEMS BY PROVIDING TECHNICAL ASSISTANCE THAT BRIDGES THE GAP BETWEEN CHILD WELFARE AND MENTAL HEALTH SYSTEMS TO INCREASE ACCESS TO THE CHILD WELFARE COMPETENT MENTAL HEALTH SERVICES THAT CHILDREN AND FAMILIES NEED. C.A.S.E. WILL WORK WITH NATIONAL LEADERS AS WELL AS PARENTS AND YOUNG ADULTS WITH LIVED EXPERIENCE TO PROVIDE A CONTINUUM OF SERVICES TO SUPPORT CROSS-SYSTEM COLLABORATION BETWEEN CHILD WELFARE SYSTEMS AND MENTAL HEALTH SYSTEMS. C.A.S.E. WILL OFFER SERVICES RANGING FROM ARTICLES, WEBINARS, AND PEER LEARNING COMMUNITIES TO HANDS-ON, TAILORED TECHNICAL ASSISTANCE (TA) TO DELIVER NEW AND ENHANCED SUPPORT AND TRAINING TO STATES, TRIBES, TERRITORIES, AND PROFESSIONALS TO MEET THE NEEDS OF CHILDREN AND FAMILIES. ALL OF OUR SERVICES WILL UTILIZE A RACIAL AND BROADER EQUITY LENS. C.A.S.E. HAS ENGAGED SEVEN NATIONAL PARTNERS TO HELP LEAD THIS INITIATIVE.

C.A.S.E. IS A PARTNER WITH SPAULDING FOR CHILDREN, THE LEAD AGENCY, ON A NATIONAL INITIATIVE TO CREATE A NATIONAL CENTER FOR ENHANCED POST-ADOPTION SUPPORT. THIS INITIATIVE WAS FUNDED THROUGH A COOPERATIVE AGREEMENT WITH THE CHILDREN'S BUREAU, ADMINISTRATION ON CHILDREN AND

Name of the organization  
CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.

Employer identification number  
52-2100734

FAMILIES, DEPARTMENT OF HEALTH AND HUMAN SERVICES IN OCTOBER 2023. THE POST-ADOPTION CENTER WILL SERVE AS A HUB FOR POST-ADOPTION EXPERTISE AND EVIDENCE-INFORMED TRAINING AND TECHNICAL ASSISTANCE TO SUPPORT STATES, TRIBAL NATIONS, AND TERRITORIES AROUND THE COUNTRY AS THEY DEVELOP AND IMPLEMENT CULTURALLY RESPONSIVE, COMPREHENSIVE, AND ACCESSIBLE POST-ADOPTION SERVICES.

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

PODCASTS. C.A.S.E. DELIVERED 743 IN-DEMAND EDUCATIONAL WEBINARS TO SUPPORT FAMILIES AND PROFESSIONALS.

SCHOOL BASED MENTAL HEALTH PROFESSIONALS TRAINING - IN 2023, C.A.S.E.

ADAPTED THE NHI TRAINING FOR MENTAL HEALTH PROFESSIONALS TO ASSURE

SCHOOL-BASED MENTAL HEALTH PROFESSIONALS, INCLUDING SCHOOL COUNSELORS,

SOCIAL WORKERS, THERAPISTS, PSYCHOLOGISTS, AND OTHER PROFESSIONALS AND

ADMINISTRATORS, WOULD HAVE THE ABILITY TO UNDERSTAND AND ADDRESS THE

MENTAL HEALTH AND DEVELOPMENT CHALLENGES OF STUDENTS WITH EXPERIENCES

OF ADOPTION, FOSTER CARE, AND KINSHIP CARE IN PUBLIC, PRIVATE, AND

CHARTER K-12 GRADES. MANY OF THESE STUDENTS EXPERIENCE ACADEMIC AND

SOCIAL/PEER CHALLENGES DUE TO THEIR EARLY ADVERSE EXPERIENCES COMBINED

WITH INTERRUPTIONS IN LEARNING RESULTING FROM MULTIPLE MOVES AND

PLACEMENT CHANGES. THIS TRAINING WAS LAUNCHED IN SEPTEMBER 2023.

IMPLEMENTATION IN LOCAL AND NATIONAL SCHOOLS AND SCHOOL DISTRICTS AND

EVALUATION ACTIVITIES ARE FUNDED BY PRIVATE FUNDING. THROUGH 2023, 559

SCHOOL-BASED MENTAL HEALTH PROFESSIONALS HAVE ENROLLED IN THE TRAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TRAINING ADOPTION COMPETENCY (TAC) - TAC IS A NATIONAL



Name of the organization CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.

Employer identification number  
52-2100734

EVIDENCED-INFORMED, ACCREDITED, RIGOROUSLY EVALUATED, MANUALIZED  
TRAINING PROGRAM, DEVELOPED AND OWNED BY C.A.S.E. TO PROVIDE LICENSED  
MENTAL HEALTH PROFESSIONALS WITH THE CLINICAL SKILLS THEY NEED TO  
PROVIDE QUALITY CLINICAL SERVICES TO ADOPTED PERSONS, BIRTH FAMILIES,  
PROSPECTIVE ADOPTIVE PARENTS, AND ADOPTIVE FAMILIES AND KINSHIP  
FAMILIES. TAC CURRICULUM IS BASED ON 18 CLINICAL COMPETENCIES VETTED  
NATIONALLY WITH A NATIONAL ADVISORY BOARD OF EXPERTS WITH LIVED AND  
PROFESSIONAL EXPERTISE. THESE COMPETENCIES ALSO PROVIDE THE FOUNDATION  
FOR THE DEFINITION OF AN ADOPTION COMPETENT MENTAL HEALTH PROFESSIONAL.  
IN 2020, TAC RECEIVED ACCREDITATION BY THE INSTITUTE FOR CREDENTIALING  
EXCELLENCE MOVING TAC TO THE ONLY ASSESSMENT-BASED ADOPTION COMPETENCY  
CERTIFICATE PROGRAM. SINCE 2009, TAC TRAINING HAS BEEN REPLICATED WITH  
189 COHORTS, TRAINING 2,789 PROFESSIONALS. IN 2023, 21 COHORTS OF TAC  
WERE PROVIDED BY C.A.S.E. AND OUR 19 PARTNER AGENCIES THROUGHOUT THE  
UNITED STATES.

EXPENSES \$ 387,796. INCLUDING GRANTS OF \$ 0. REVENUE \$ 504,277.

PUBLICATIONS - C.A.S.E. PUBLICATIONS EDUCATE FAMILIES, PROFESSIONALS,  
AND THE COMMUNITY ABOUT THE UNIQUE JOYS AND CHALLENGES OF ADOPTION.  
C.A.S.E. STAFF MEMBERS CONTINUE TO AUTHOR BOOKS, ARTICLES, AND FACT  
SHEETS TO FURTHER EDUCATE PARENTS AND PROFESSIONALS. C.A.S.E.  
PUBLICATIONS INCLUDE A MONTHLY E-NEWSLETTER, BENEATH THE MASK:  
UNDERSTANDING ADOPTED TEENS, S.A.F.E. AT SCHOOL, THE WHOLE ME AND  
W.I.S.E. UP! POWERBOOK, 52 WAYS TO TALK ABOUT ADOPTION, AND THE NEWEST  
PUBLICATION RELEASED IN 2019, BENEATH THE MASK: FOR TEEN ADOPTEES.  
EXPENSES \$ 41,320. INCLUDING GRANTS OF \$ 0. REVENUE \$ 261,018.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization  
CENTER FOR ADOPTION SUPPORT AND  
EDUCATION, INC.

Employer identification number  
52-2100734

KATHLEEN DUGAN, DIRECTOR AND MICHAEL DUGAN, DIRECTOR HAVE A FAMILIAL

RELATIONSHIP.

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

THE FORM 990 WAS PREPARED BY OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

FINANCE COMMITTEE. A FINAL COPY OF THE FORM 990 WAS PROVIDED TO THE FULL

BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

ANNUALLY, EACH BOARD MEMBER AND EMPLOYEE MUST READ AND SIGN THE CONFLICT OF

INTEREST POLICY, INDICATING THAT THEY DO NOT HAVE ANY CONFLICTS OF

INTEREST. IF C.A.S.E. WISHES TO SECURE PRODUCTS OR SERVICES WITH MEMBERS OF

THE BOARD OR THEIR AFFILIATIONS, THE ORGANIZATION WILL ALSO SECURE OTHER

BIDS FOR SUCH GOODS/SERVICES WITH OTHER VENDORS AND AWARD APPROPRIATELY. IF

A BOARD MEMBER IS ASKED TO VOTE ON A MEASURE THAT COULD CREATE A CONFLICT,

THEY MUST RECUSE THEMSELVES FROM THE VOTE. CURRENTLY, THE BOARD CHAIR

MONITORS AND ENFORCES THE POLICY.

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

ANNUALLY, THE BUDGET IS REVIEWED AND DISCUSSED WITH THE FINANCE COMMITTEE

AND THEN APPROVED BY THE BOARD OF DIRECTORS. THE ORGANIZATION USES

COMPARABILITY DATA FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS TO DETERMINE

COMPENSATION AND DOCUMENTS ITS FINDINGS. ANY INCREASES IN COMPENSATION FOR

THE CEO ARE APPROVED BY THE BOARD OF DIRECTORS. THE LAST REVIEW TOOK PLACE

IN MAY 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NV, NH

Name of the organization CENTER FOR ADOPTION SUPPORT AND EDUCATION, INC.	Employer identification number 52-2100734
--	--

NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, MO

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

TO PROTECT THE INTERESTS OF C.A.S.E. AND THE PEOPLE IT SERVES, C.A.S.E. MAINTAINS POLICIES ON: CONFLICT OF INTEREST FOR STAFF AND FOR BOARD MEMBERS WHO SIGN IT ANNUALLY; ETHICAL PRACTICES AND CODES OF CONDUCT WHICH INCLUDES WHISTLEBLOWER PROTECTION; RECORDS RETENTION AND DESTRUCTION; DONOR PRIVACY; AND CLIENT CONFIDENTIALITY AND PRIVACY PRACTICES. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	356,889.
MANAGEMENT AND GENERAL EXPENSES	149,535.
FUNDRAISING EXPENSES	29,010.
TOTAL EXPENSES	535,434.

PARTNER PAYMENTS:

PROGRAM SERVICE EXPENSES	1,314,482.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,314,482.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,849,916.

