** Public Disclosure Copy **

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Form **990**

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 **2022**Open to Public
Inspection

B Construction D Employer identification number Christian Alliance for Orphans 26-1492375 Overage Doing business as 26-1492375 Verage Christian Alliance for Orphans 202 Verage Christian Alliance for Orphalin Thisting Agroup furme	AF	or th	2022 calendar year, or tax year beginning and	ending			
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
-	Jedd Medefind, President Type or print name and title					
Paid	Print/Type preparer's name Lois S. Lazenby	Preparer's signature	Date 07/25/23	Check if self-employed E	PTIN 0029516	1
Preparer	Firm's name Mersereau, Lazenby & Rocka	as, LLC		Firm's EIN 58-21	15374	
Use Only	Firm's address 3469 Lawrenceville-Suwanee	e Rd.				
	Suwanee, GA 30024			Phone no.770-614	-6800	
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No

	990 (2022) Christian Alliance for Orphans	26-1492375	Pag
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Christian Alliance for Orphans (CAFO) exists to motivate, unify, and		
	equip the body of Christ to live out God's mandate to care for the		
	orphan with the vision to have every orphan experience God's unfailing		
	love and know Jesus as Savior.		
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
	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
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expen	ses, and
	revenue, if any, for each program service reported.		
1a	(Code:) (Expenses \$ 2,099,925. including grants of \$ 165,013.) (Reve	anue \$	51,6
	Advocacy and Education - Central to CAFO's work is to inspire and equip		,
	"champions" for well-informed, highly effective service to orphans,		
	foster youth, and other vulnerable children and families, both across		
	the U.S. and worldwide. These champions include adoptive and foster		
	parents, advocates, social workers, pastors and church		
	staff,volunteers, national leaders in developing nations, and leaders		
	and staff of child-serving organizations. This work takes shape		
	especially through focused initiatives that unite an expansive range of		
	organizations, churches, and individuals in coordinated action for		
	profound collective impact. These include CAFO Global Networks, the		
	More than Enough initiative, the Pure Religion Project (buiding on the		
	legacy of Orphan Sunday and Stand Sunday), the National Church Ministry		
1b	(Code:) (Expenses \$	enue \$	941,1
	Summit Conference - The annual CAFO Summit has become the hub for the		
	field of Christian service to orphans and vulnerable children		
	worldwide, from US foster care to programs serving children and		
	families worldwide.		
	At the CAF02022 Summit, more than 2,000 church leaders, orphan		
	advocates, adoptive and foster parents, veterans of global ministry,		
	and local/national leaders from around the world gathered for training,		
	connection, and inspiration for well-informed, highly-effective		
	ministry.		
łc	(Code:) (Expenses \$	enue \$	54,0
	Global Networks - CAFO Global Networks and the Global Movements		
	Initiative (GMI) invests in emerging leaders worldwide, providing		
	technical support, leadership, training, and more. GMI draws from the		
	resources of the entire CAFO community to serve the church in majority		
	world/developing countries, working toward the day when the local		
	church in every nation is known as the primary answer for the deep		
	needs of orphans and vulnerable children in their midst.		
	Other program services (Describe on Schedule O.)		
1d		١	
1d	(Expenses \$ including grants of \$) (Pavenue *		
	(Expenses \$ including grants of \$) (Revenue \$)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,741,991.	/ 	vrm 000 /
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Form 990 (2022) Christian Alliance
Part IV Checklist of Required Schedules Christian Alliance for Orphans

	· ·		Vaa	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2022) Christian Alliance for Orphans

Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		^
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</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		<u>л</u>
20				
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ũ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Ves No 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 34 b if at least one is expanded on lie 2.0, all the organization file all required fideral employment tax returns? 2b X at a bit the organization have uncelled business goes income of \$1,000 or mode during the year(?) 36 36 36 b if the organization have uncelled business goes income of \$1,000 or mode during the year(?) 36 36 b if "xos," that filed a Form 900 T for the year, did the organization have an interaction, or at gortext or other athorty over, a transmittal or wite proceeding outry. 36 36 b if "xos," that filed a Form 900 T for the year, did the organization in Form 800 Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 55 36 36 diff was to line is or bo, did the organization in Form 808617 56 36 36 diff was to line is or bo, did the verganization in Form 808617 56 37 36 36 36 diff was to line organization in Form 808617 56 36 37 37 37 36 36 36 36 36 36 37 36 36 </th <th>_</th> <th></th> <th>492375</th> <th></th> <th>P</th> <th>age 5</th>	_		492375		P	age 5
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 3a b If at least one is reported on line 2a, di the organization file al required federal employment tax ceturns? 2b X b Wash The Statements. 2a 3a X b Wash The Statements. 2b X b Wash The Statements. 2a 3a X b Wash The Statements. 2b X 3b X b Wash The Statements. 2b X 3b X b Wash The Statements. 2c As At any time during the calcendary state and the organization har an interest 1, or a significant accounts (FBAP). 3c X c Wash the organization har at an interest or at a significant account (FBAP). 3c X X c Wash the organization har at an interest or at a significant account (FBAP). 3c X X b Wash the organization har an energin ocuntry. 3c X X X c Wash the organization actic as a charitable contributions and services provided more and any anot the organization account (fBAP). 3c	Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
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b If a least one is reported on line 2a, did the organization file alrequired festeral employment tax returns? 2b X b If Yes, 'Insi if led a form 990° Tor his year? /If Ye' to <i>ins</i> 3b, provide an explanation on Schedule 0 3b X a At any time during the calendery year, dith to organization have an interacting or other subhorty over, a francial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a X 5a Was the organization tay organization have an interaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts activation an oxpress statement that such contributions or gifts were not tax deductible? 6a X b If *Yse, 'a full the organization have annual gross receipts or sectors provided normal barry for groots and services barry for grots and the organization nea			34			
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If "Yes," see the instructions and file Form 4720, Schedule N. If a log	15					1
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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 1f "Yes," complete Form 6069. 0						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 0	17					
If "Yes," complete Form 6069.				17		1
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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 71		'No"	respo	ns
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ins				Г
200	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		162	
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	y other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under the direct s	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint on				
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold				
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fo				
	The governing body?		8a	X	\vdash
	Each committee with authority to act on behalf of the governing body?		8b	Х	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at t				
<u>`````</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		L
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	.oue.)		Yes	Γ
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a	165	┢
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a		104		┢
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				F
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc				
	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by inde				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	na			
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part	ticipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	6			
	exempt status with respect to such arrangements?		16b		
	tion C. Disclosure				_
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, FL, HI, MD, MA, MI, MN, NH	,NY,NC,PA			_
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	avail	a
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Sche	,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	interest policy, and	finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and i	records			
	Missionwell LLC c/o Caryn Ryan - 626-578-0001				
	222 E. Glenarm Street Ste B-2, Pasadena, CA 91106		Ferr	000	15
32006	See Schedule O for full list of states		Form	990	(2
.30	6 725 146762 30204 2022.04010 Christian Alliance				

Form 990 (2		26-1492375	Page 7
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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior		000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	ndad I	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) Jedd Medefind	40.00	_	_		-		-			
President				x				207,409.	0.	31,049.
(2) Tony Mitchell	40.00									
<u>coo</u>				х				136,097.	Ο.	4,074.
(3) Albert Reyes	2.00									
Treasurer				х				0.	0.	0.
(4) Beth Guckenberger	2.00									
Secretary				х				0.	0.	0.
(5) Aixa de Lopez	2.00									
Board Member		х						0.	0.	0.
(6) Jerry Haag	2.00									
Chairman				х				0.	0.	0.
(7) Ray V. Padron	2.00									
Vice-Chairman				X				0.	0.	0.
(8) Curtis Yates	2.00								0	0
Board Member (9) Phil Goad	2.00	X						0.	0.	0.
(9) Phil Goad Board Member	2.00	x						0.	0.	0
(10) Belay Gebru	2.00	^						υ.	0.	0.
Board Member	2.00	x						0.	0.	0.
(11) Gary Schneider	2.00							•••	••	
Board Member	2.00	x						0.	0.	0.
									•	
232007 12-13-22										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Posi heck ss per id a d	more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th anizat d relat anizat	ne tion ted
	Subtotal Total from continuation sheets to Part VI								343,506. 0.		0. 0.			,123. 0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but n								343,506. eceived more than \$100),000 of reportable	0. Ə		35	,123.
	compensation from the organization						,			, i			Yes	2 No
3	Did the organization list any former officer,											•	103	
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services		4	X	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		X
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation compensation for the organization compensation comp										pens	ation	from	
	(A) Name and business		NO						(B) Description of s		С	((ompe		n
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se li: 0	sted	above) who received n	nore than		_	000	(0000)

232008 12-13-22

								(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
							Total revenue	function revenue		
	1 a	Federated campaigns		1a						
		Membership dues								
		Fundraising events								
		Related organizations								
		Government grants (cont								
	f	All other contributions, gifts,				2 440 404				
		similar amounts not included			<u> </u>	2,449,404.				
	-	Noncash contributions included in					2,449,404.			
<u>'</u>	n	Total. Add lines 1a-1f				Business Code	2,119,101.			
	0 9	Registration Revenu	e			900099	356,750.	356,750.		
		Sponsorship Revenue				900099	314,667.	314,667.		
		Membership Dues				900099	291,290.	291,290.		
	-	Other Revenue				900099	50,154.	50,154.		
	e							, ,		
		All other program service	rever	nue		I				
		Total. Add lines 2a-2f					1,012,861.			
	3	Investment income (inclue								
		other similar amounts)					53,304.			53,
	4	Income from investment		-						
	5	,								
				(i) Rea		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c			L				
		Net rental income or (loss Gross amount from sales of	" Г	(i) Securit		(ii) Other				
	ı a	assets other than inventory	7a		.00					
	h	Less: cost or other basis	14							
	5	and sales expenses	7b							
	с	Gain or (loss)	7c							
		Net gain or (loss)				·				
		Gross income from fundraisi								
		including \$	-							
		contributions reported or								
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from		•						
	9 a	Gross income from gamir								
	-	Part IV, line 19			9a					
		Less: direct expenses			9b	L				
.		Net income or (loss) from	•	•	s					
1	u a	Gross sales of inventory,				46 105				
	Ŀ	and allowances			10a					
		Less: cost of goods sold			10b	· · · · ·	34,035.	34,035.		
╋	С	Net income or (loss) from	sales		ıy	Business Code	54,055.	54,035.		
	1 a					Dusiness Code				
1	b					├				
	b C					├				L
		All other revenue				├				L
1		Total. Add lines 11a-11d				<u> </u>				

Christian Alliance for Orphans

15130725 146762 30204

Form 990 (2022)

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26-1492375

Christian Alliance for Orphans

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	se or note to any line in	this Part IX		L
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	140,000.	140,000.		
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16	53,377.	53,377.		
4 I	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	trustees, and key employees	378,629.	300,117.	58,598.	19,914
6 (Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,510,752.	1,378,115.	86,920.	45,717
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	52,609.	40,218.	11,290.	1,101
	Other employee benefits	144,429.	126,989.	12,794.	4,646
	Payroll taxes	126,564.	107,268.	15,121.	4,175
	Fees for services (nonemployees):				
	Management				
	Legal	7,899.		7,899.	
	Accounting	66,123.	31,691.	34,432.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	4.47 00.4		54 600	
	column (A), amount, list line 11g expenses on Sch 0.)	147,334.	76,571.	54,608.	16,155
	Advertising and promotion	18,523.	4,769.	12,930.	824
	Office expenses	78,114.	27,546.	50,568.	
	Information technology	100,659.	82,230.	18,429.	
	Royalties	902.	242.	655.	F
		902. 141,184.	116,232.	24,091.	5 861
		141,104.	110,252.	24,091.	001
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	167,513.	146,005.	11,343.	10,165
	Conferences, conventions, and meetings	107,515.	140,005.	11,545.	10,105
	Interest				
	Payments to affiliates Depreciation, depletion, and amortization	7,703.		7,703.	
		4,382.	718.	3,664.	
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.)	C1 0C0	FF 440	E 105	460
	Meals and Food Printing and Postage	61,068.	55,412.	5,187.	469
	Telephone and Communica	47,438.	36,480.	7,028.	3,930 370
	Miscellaneous Expenses	17,472. 8,579.	14,088. 2,235.	3,014.	370
		9,993.			92
	All other expenses	3,291,246.	1,688. 2,741,991.	8,213. 440,831.	108,424
	Joint costs. Complete this line only if the organization	5,291,240.	2,141,331.	440,051.	100,424
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	(ASC 938-120)				Form 990 (2022

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10 2022.04010 Christian Alliance for Orph 30204_1

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28

29

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31

32

33

806,900.

4,042,275.

4,229,337,

28

29

30

31

32

33

232011 12-13-22 15130725 146762 30204

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

210,418. 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 991 9 **10a** Land, buildings, and equipment: cost or other 54,026, basis. Complete Part VI of Schedule D _____ 10a 46,309. b Less: accumulated depreciation _____ 10b 15,420. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,229,337. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 53,214. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 133,848 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 187,062, 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 3,235,375 27 27

Christian Alliance for Orphans

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Form 990 (2022)

1

2

3

Part X Balance Sheet

26-1492375

1

2

3

(A)

Beginning of year

1,021,296,

2,831,212.

150,000

Page **11**

1,050,705.

3,657,127.

100,000.

3,400.

7,717.

4,818,949.

147,357.

370,959.

0

(B) End of year

518,316.

3,791,324.

509,309.

Form 990 (2022)

4,300,633.

4,818,949.

Part XI Reconciliation of Net Assets Check If Schedule 0 contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 25) 2 3,241,246. 3 Ceck If Schedule O contains a response or note to any line in this Part XI. 2 Total expenses (must equal Part VI, locumn (A), line 25) 2 3 2058,358. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 4,042,275. 5 Net unrealized gains (losses) on investments 6 6 7 1 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 4,300,633. Part XII Taccountig) Part XII Taccountig) Check if Schedule O contains a response or note to any line in this Part XII Taccountig) 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 A	Form	990 (2022) Christian Alliance for Orphans	26-1492375		Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 3, 549, 604. 2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 291, 246. 3 Revenue less expenses. Subtract line 2 from line 1 3 258, 358. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4, 042, 275. 5 Net nurealized gains (losses) on investments 6 6 7 7 7 8 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 4, 300, 633. Part XII Financial Statements and Reporting x x 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H* Yees, 'toekca box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Yees ho oreganization's financial statements andfleed parate bas	Par	t XI Reconciliation of Net Assets				<u>v</u>
2 Total expenses (must equal Part IX, column (A), line 25) 2 3, 291, 246. 3 Revenue less expenses. Subtract line 2 from line 1 3 258, 358. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4, 042, 275. 5 Net unrealized gains (losses) on investments 6 7 7 6 7 7 7 7 7 7 7 7 7 8 Prior period adjustments 8 7 0 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 0 0 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 300, 633. 10 4, 300, 633. Part XII Financial Statements and Reporting X X X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the form 990: Cash X Accrual Other Yes		Check if Schedule O contains a response or note to any line in this Part XI				
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4 4,042,275. 5 Net unrealized gains (losses) on investments 6 5 7 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 At assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4, 300, 633. Part XII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft "the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Mere the organization changed either the financial statements for th	2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,291	,246.
5 Net unrealized gains (losses) on investments 6 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a 2a 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization of its financial statements and separate basis b Were the organization is 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: Is Separate basis C If "Yes," to line 2a or 2b, does the organization hanged either its oversight process or selection or an independent accountant? If the organization of its financial statements and selection of an independent accountant? If the organization or draged either i	3		3		258	,358.
6 Donated services and use of facilities 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 300, 633. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 1 Accounting is financial statements compiled or reviewed by an independent accountant? 1 1 1 1 2 1 2 2 2 3 3 4 3 4 4 3 4 4 5 5 6 6 7 8 8 9 0. 10 4, 300, 633. 4 4 4 4 4 4 5 5 7 8 8 10 4 4 3 4 4 5 5 6 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 3 10 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,042	,275.
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 4, 300, 633. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Check if Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and slection of 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 b Were the organization's financial statements and slection of 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: 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: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4 , 300, 633. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule C contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash Cash X Accounting rethod used to prepare the Form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting method used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash Cash X Accounting rethod used to prepare the form 990: Cash S Description: Separate basis, consolidated basis, or both: Separate basis Consolidated basis	6		6			
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9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4, 300, 633. Part XIII Financial Statements and Reporting x x Check if Schedule O contains a response or note to any line in this Part XII x x 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation	8		8			
column (B) 10 4,300,633. Part XII Financial Statements and Reporting x Check if Schedule O contains a response or note to any line in this Part XII x 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2b X Image: Separate basis Consolidated basis, or both: 2c X Image: Separate basis Consolidated basis, or both: Ze	9		9			٥.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2c X If "Yes," check a basis Consolidated basis Both consolidated and separate basis 2c X </td <td></td> <td>column (B))</td> <td>10</td> <td>4</td> <td>,300</td> <td>,633.</td>		column (B))	10	4	,300	,633.
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b		uired audit			
				3b		

Form **990** (2022)

232012 12-13-22

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2022
Open to Public

		of the Treasury nue Service		A	ttach to Form 990 or Fo Form990 for instruction	orm 990-E		formation		Open to Public Inspection
Nan	ne of	the organizati		GO to www.irs.gov/		ns and the	e latest in	iormation.	Employer	identification number
Nun		the organizati		ian Alliance fo	or Orphang					6-1492375
Pa	rt I	Beason			(All organizations must o	omplete ti	his nart) S	See instructio		5 1492373
					(For lines 1 through 12, o				110.	
1	l gai		•		on of churches describe					
2	\square			•	Attach Schedule E (Forr)(1/0())(·)(/ · \)(·)·		
	H						<u>)/h//4//////:</u>	::)		
3	\square	•	•		anization described in so			•	NIII) Entor	the beenitel's name
4			-	cation operated in co	njunction with a hospita	ruescribed	u in secuo	(i)(i)(a)(i)(i)	A)(III). Eriter	the hospital's hame,
F		city, and stat		or the herefit of a co		d or oporo	tod by a a	overnmentel	unit dooorik	and in
5					ollege or university owne	u or opera	lied by a g	overnmental	unit descrit	
~				Complete Part II.)				4.5		
6	x				mental unit described in					and the state of the state
7	_ <u>A</u>	-		-	antial part of its support	from a gov	rrnmenta	unit or from	the general	public described in
•				complete Part II.)						
8					(1)(A)(vi). (Complete Par					
9					l in section 170(b)(1)(A)(
			or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state (of the colleg	je or
10		university:			the area 0.0 d (0.0 /					
10					than 33 1/3% of its sup					
					ct to certain exceptions;					
					e (less section 511 tax) fr	om busine	esses acqu	lired by the c	organization	atter June 30, 1975.
				mplete Part III.)	weby to toot for public or	fatu Caa	ocation Fl	O(a)(4)		
11	H	-	-	-	sively to test for public sa	-			orm out the	nurnance of one or
12		-	-	-	sively for the benefit of, to				-	
					ed in section 509(a)(1) o					Sheck the box on
_			-		of supporting organization		-		-	
а					supervised, or controlled	•				
			-		egularly appoint or elect	a majority	of the aire	ctors or trus	ees of the s	supporting
		-		complete Part IV, Se						
b				-	d or controlled in connec			•		-
			•		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
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С			-		g organization operated				ally integrat	ea with,
		_			s). You must complete					· · · · / ›
d					oorting organization oper					
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e			•		written determination fro			а туре ї, тур	e II, Type III	
	- .				onally integrated support		zation.			
т		er the number		•						
<u>g</u>		(i) Name of supp	-	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	of monetary	(vi) Amount of other
		organizatior		(1) 211	(described on lines 1-10	in your governi Yes	ing document? No	support (see	-	support (see instructions)
		-			above (see instructions))	163				

Part II

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Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,191,876.	1,471,561.	1,999,032.	3,511,032.	3,074,756.	11,248,257.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1,191,876.	1,471,561.	1,999,032.	3,511,032.	3,074,756.	11,248,257.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,355,836.
	Public support. Subtract line 5 from line 4.						9,892,421.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,191,876.	1,471,561.	1,999,032.	3,511,032.	3,074,756.	11,248,257.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	3,145.	11,209.	8,730.	1,427.	53,304.	77,815.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	46,286.	14,367.	7,804.	11,427.	46,105.	125,989.
	Total support. Add lines 7 through 10						11,452,061.
	Gross receipts from related activities,	,	,			12	3,343,796.
13	First 5 years. If the Form 990 is for th	-	rst, second, third, t	ourth, or fifth tax y	year as a section t	501(C)(3)	
50	organization, check this box and stop ction C. Computation of Publ		rcontago				L
	Public support percentage for 2022 (I		-	olump (f))		14	86.38 %
	Public support percentage for 2022 (i Public support percentage from 2021					14	86.38 %
	33 1/3% support test - 2022. If the c						,,
102	stop here. The organization qualifies	-				iore, check this bo	
F	33 1/3% support test - 2021. If the c		•				
	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
٢	10% -facts-and-circumstances test	-		• • • •	-	17a. and line 15 is	
	more, and if the organization meets th						
	organization meets the facts-and-circi				• •		
18	Private foundation. If the organizatio						
				,,, e. 11k	,		(Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		-		_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	t (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
~	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th		rst, second. third.	, fourth, or fifth tax	vear as a section	501(c)(3) oraa	nization,
	check this box and stop here						
Sec	ction C. Computation of Pub						·····
15	Public support percentage for 2022 ((line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	33 1/3% support tests - 2022. If the						line 1 / is not
	more than 33 1/3%, check this box a						/20/
b	33 1/3% support tests - 2021. If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on ala not check a	box on line 14, 19	a, or 19b, check t	this box and see in		
2320	23 12-09-22			15		Sched	lule A (Form 990) 2022

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2022.04010 Christian Alliance for Orph 30204_1

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Sche	dule A (Form 990) 2022	Christian Alliance for Orphans	26-14923	75	Pa	age 5
Pa	t IV Supporting Organ	izations _(continued)				
					Yes	No
11	Has the organization accepted	a gift or contribution from any of the following persons?				
а	A person who directly or indire	ctly controls, either alone or together with persons described on line	es 11b and			
	11c below, the governing body	of a supported organization?		11a		
b	A family member of a person of	escribed on line 11a above?		11b		
с	A 35% controlled entity of a pe	erson described on line 11a or 11b above?If "Yes" to line 11a, 11b, o	or 11c, provide			
	detail in Part VI.			11c		
600	lian D. Tuna I Cunnartin	a Organizationa				

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.	
		Г

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

Yes

1

2

No

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Page 6

Check here if the ergenization esticfied the Integral Part Test on a qualify		Izations	
All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
let short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
dd lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
explain in detail in Part VI):			
cquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
let value of non-exempt-use assets (subtract line 4 from line 3)	5		
fultiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
finimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
inter 0.85 of line 1.	2		
linimum asset amount for prior year (from Section B, line 8, column A)	3		
inter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	- I I		1
mergency temporary reduction (see instructions).	6		
	All other Type III non-functionally integrated supporting organizations mut n A - Adjusted Net Income let short-term capital gain tecoveries of prior-year distributions ther gross income (see instructions) dd lines 1 through 3. lepreciation and depletion ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or naintenance of property held for production of income (see instructions) ther expenses (see instructions) ddjusted Net Income (subtract lines 5, 6, and 7 from line 4) n B - Minimum Asset Amount ggregate fair market value of all non-exempt-use assets (see istructions for short tax year or assets held for part of year): verage monthly value of securities verage monthly value of securities verage monthly cash balances air market value of other non-exempt-use assets otal (add lines 1a, 1b, and 1c) iscount claimed for blockage or other factors explain in detail in Part VI): cquisition indebtedness applicable to non-exempt-use assets ubtract line 2 from line 1d. ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions). let value of non-exempt-use assets (subtract line 4 from line 3) fultiply line 5 by 0.035. lecoveries of prior-year distributions Inimum Asset Amount djusted net income for prior year (from Section A, line 8, column A) nter 0.85 of line 1. finimum asset amount for prior year (from Section B, line 8, column A) nter greater of line 2 or line 3. ncome tax imposed in prior year	All other Type III non-functionally integrated supporting organizations must complete A - Adjusted Net Income I de short-term capital gain 1 let short-term capital gain 1 let scoveries of prior-year distributions 2 wher gross income (see instructions) 3 dd lines 1 through 3. 4 lepreciation and depletion 5 ortion of operating expenses paid or incurred for production or oblection of gross income or for management, conservation, or 6 ther expenses (see instructions) 7 6 ther expenses (see instructions) 7 7 djusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 7 n B - Minimum Asset Amount 7 7 7 ggregate fair market value of all non-exempt-use assets (see istructions for short tax year or assets held for part of year): 8 10 werage monthly cash balances 1b 1a 7 verage monthly cash balances 1b 1a 7 ubtract line 2 from line 10. 1d 1d 1d iscount claimed for blockage or other factors 2 1d 1d ubtract line 2 from line 10. 3	iet short-term capital gain 1 lecoveries of prioryear distributions 2 ther gross income (see instructions) 3 dd lines 1 through 3. 4 epreciation and depletion 5 ortion of operating expenses paid or incurred for production or ollection of gross income or for management, conservation, or alantenance of property held for production of income (see instructions) 6 otion of gross income (subtract lines 5, 6, and 7 from line 4) 8 of B - Minimum Asset Amount (A) Prior Year ggregate fair market value of all non-exempt-use assets (see subtructions for short tax year or assets held for part of year): 1 verage monthly value of securities 1 verage monthly value of securities 1 verage monthly cash balances 1b air market value of other non-exempt-use assets 1c otal (add lines 1a, 1b, and 1c) 1d tiscount claimed for blockage or other factors 2 uptract line 2 from line 1d. 3 ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions). 4 let value of non-exempt-use assets (subtract line 4 from line 3) 5 tubtply line 5 by 0.035. 6 teocoveries of prior-yea

instructions).

Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			-	Current Year				
1	Amounts paid to supported organizations to accomplish exe		1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	าร	3						
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	าร	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
с	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2018								
b	Excess from 2019								
c	Excess from 2020								
d	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

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26-1492375	P

Schedule A	(Form 990) 2022	Christian .	Alliance f	or Orph	ans		26-149237	5 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4b, 4 , lines 2 and 3; P	lc, 5a, 6, 9a, art IV, Sectio	9b, 9c, 11 n E, lines	la, 11b, and 11c; Pa 1c, 2a, 2b, 3a, and 3	urt IV, Section B, line 3b; Part V, line 1; Pa	es 1 and 2; Part I\ art V, Section B, li	ine 12; /, Section C, ne 1e; Part V,
	<u> </u>							
232028 12-09-2	2						Schedule A	(Form 990) 20
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SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047 **Open to Public** Inspection

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

Name of the organization

15130725 146762 30204

Employer identification number 26-1492375

	Christian Alliance for Orph	26-1492375	
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		od funds
5	are the organization's property, subject to the organization's		
6			
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	ř –
Par	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	·	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 99	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB /		. 3, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		ی
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		Alliance for Org						6-14923			age 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Oth	er Simila	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t make :	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	on's exe	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	istorical trea	sures, or oth	er simila	r assets		-	_	_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" or	n Form 990	, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			· · · · ·				
									Amour		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								1		
	Did the organization include an amount on F						• • • • • • • • • • • • • • • • • • • •		Yes		
	If "Yes," explain the arrangement in Part XIII.									<u> </u>	
Pa	't V Endowment Funds. Complete i	(a) Current year		Prior year	(c) Two year			are hack		r veare	hack
4-	Destination of second allocate	(a) Current year	(0) -	nor year		5 Dack	(u) Three ye	Sal S Dauk	(e) 1 00	i years	Dack
1a	Beginning of year balance										
a	Contributions										
C In	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
1	Administrative expenses										
y n	End of year balance Provide the estimated percentage of the curr	ront year and balance	 1	a oolump (
2	Board designated or quasi-endowment			g, column (a	a)) Heiù as.						
a h	Permanent endowment	%	_%								
0		%									
C	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		ation the	at are held a	nd administe	ared for t	ho				
0u	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								0.0		<u> </u>
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV	V, line 11a. S	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or c		· · · · · · · · · · · · · · · · · · ·	or other		ccumulate	d	(d) Boc	ok valu	e
		basis (investr			(other)	• •	preciation		,, 200		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				5,976.		5,	976.			0.
	Other				48,050.		40,3	333.		7	,717.
	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1						7	,717.

Schedule D (Form 990) 2022

	Alliance for Orphans	2	26-1492375 P
art VII Investments - Other Securiti			
Complete if the organization answere			
a) Description of security or category (including name of s		(c) Method of valuation: Cost or	end-of-year market valu
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line	12.)		
art VIII Investments - Program Rela			
Complete if the organization answere		e 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market valu
			s.a or your market valu
(1)			
2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line	13.)		
art IX Other Assets.			
		a 11d See Form 990 Part X line 15	
Complete if the organization answere	d "Yes" on Form 990. Part IV. lin		
Complete if the organization answere			(b) Book value
	d "Yes" on Form 990, Part IV, line (a) Description		(b) Book value
(1)			(b) Book value
(1) (2)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities.	(a) Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere	(a) Description 	e 11e or 11f. See Form 990, Part X, line	
 (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, construction answered of the organization answered (a) Description of liability 	(a) Description 		
 (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, construction (c) must equal Form 99	(a) Description 		
 (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, construction and the second second	(a) Description 		
 (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, construction answered for the organization answered (a) Description of liability (1) Federal income taxes (2) (3) 	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liability (1) Federal income taxes (2) (3) (4)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5) (6)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liabilit (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, co art X Other Liabilities. Complete if the organization answere (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	(a) Description 		
(1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, constant of the organization answered of the organization answered of the organization of liability of the organization of the organiza	(a) Description <i>I. (B) line 15.)</i> d "Yes" on Form 990, Part IV, line y	e 11e or 11f. See Form 990, Part X, line	(b) Book value

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 Christian Alliance for Orphans		26-1492375	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	3,549,604.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,549,604.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,549,604.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Ex	openses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	3,291,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,291,246.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,291,246.
Pa	t XIII Supplemental Information.			

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

Part X, Line 2:

CAFO has determined that there are no material uncertain tax positions

that require recognition or disclosure in the finacial statements.

232054 09-01-22

Name of the organization					Employer identi	fication number
Christian Alliance for	Orphang				26-1492375	
		ctivities Ou	tside the United States. Complete	te if the organ		'Ves" on
Form 990, Part IV				te il the organ		
		n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	tside the
United States.						
			an be duplicated if additional space is n			(0
(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region				In the region
			Grants to Recipients			
Sub-Saharan Africa	0	0	Located in Region.			42,720.
			Located in Region.			12,720
			Grants to Recipients			
South America	0	0	Located in Region.			1,400.
						,
Central America and			Grants to Recipients			
the Caribbean	0	0	Located in Region.			500.
			Grants to Recipients			
South Asia	0	0	Located in Region			1,350.
3 a Subtotal	0	C				45,970.
b Total from continuation						
sheets to Part I	0	C				0.
c Totals (add lines 3a	1	1				

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

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Schedule F (Form 990) 2022

45,970.

OMB No. 1545-0047

Open to Public

Inspection

232071 10-17-22

and 3b)

SCHEDULE F

Department of the Treasury Internal Revenue Service

(Form 990)

26-1492375

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan			International			
		Africa	Research Grant	10,000.	Wire	٥.		
		Sub-Saharan			International			
		Africa	Research Grant	10,000.		٥.		
								1
								+
2 Enter total number of	recipient organizatio	 Ins listed above that are	recognized as charities by the	foreign country	recognized as a tax	[<u> </u>
			or counsel has provided a sec					2

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

26-1492375

Page 3

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

	orm 990) 2022 Christian Alliance for Orphans	26-1492375	Page 5
	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour		
	nvestments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); expenditures information of uncipiested) and an analysis of the second difference information of the second difference in the second difference in the second diff		C)
	estimated number of recipients), as applicable. Also complete this part to provide any additional infor	rmation. See instructions.	
Part I, Li	ne 2:		
Every gran	t to an organization has an associated agreement that requires		
the grante	e to either send confirmation of paid itineraries/receipts or a		
list of ex	penses to the Director of Global Movements. The CAFO program		
director r	esponsible for the grant reviews the budget and agreed upon key		
performanc	e indicators against the approved application at the end of the		
grant peri	od.		

15130725 146762 30204

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn s.gov/Form990 for		ation		Open to Public Inspection
Name of the organization Christian A	lliance for Orph						Employer identification number 26-1492375
Part I General Information on Grant	s and Assistance						
 Does the organization maintain recorr criteria used to award the grants or a Describe in Part IV the organization's 	ssistance? procedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance recipient that received more that					anization answered "א	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Boston College Sponsored Program 140 Commonwealth Avenue Newton, MA 02467	s		10,000.	0.			Research Affiliates Grant
The Trustees of the University o Pennsylvania - 3451 Walnut Stree P221 Franklin Building -							
Philadelphia, PA 19104-6205 Tides Center for Faith to Action 1012 Torney Avenue San Francisco , CA 94129-1755			10,000.	0.			Research Affiliates Grant Orphan Care, Advocacy and Public Policy
2 Enter total number of section 501(c)(3) and government or	rganizations listed in th	ne line 1 table				3.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Christian Alliance for Orphans

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SC	EDULE J Compensation Information		0	OMB No. 1545-0047				
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022				
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LULL				
	rtment of the Treasury	Attach to Form 990.	0	Open to Public Inspection				
_	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ident					
Indii	e of the organization	' Christian Alliance for Orphans	26-149237		on nu	mber		
Pa	rt I Question	s Regarding Compensation	20-149237	5				
	and Question				Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990		165	NO		
		line 1a. Complete Part III to provide any relevant information regarding these items.	1000,					
	First-class or c		onal use					
	X Travel for com							
		ation and gross-up payments IX Health or social club dues or initiation fee						
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х			
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization	S					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to					
	establish compensat	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		compensation consultant						
	Form 990 of o	ther organizations	committee					
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
_	organization or a re			4-		x		
a h		e payment or change-of-control payment?		4a 4b		X		
b		eive payment from a supplemental nonqualified retirement plan?		40 4c		X		
C	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		40				
	Only section 501(c	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion					
	contingent on the r							
а	The organization?			5a		x		
b	Any related organiz	ation?		5b		х		
		or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	et earnings of:						
а	The organization?			6a		х		
b	Any related organiz	ation?		6b		Х		
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7	X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		n 53.4958-6(c)?		9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990) 2022		

232111 10-18-22

Schedule J (Form 990) 2022

26-1492375

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Jedd Medefind	(i)	187,093.	20,316.	0.	6,947.	24,102.	238,458.	0
President	(ii)	0.	0.	0.	0.	0.	. 0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i) (ii)							
							I	

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 1a:

As part of corporate policy in the employee handbook, all employees receive

reimbursement for gym membership dues.

Airfare and lodging is covered by CAFO for all family members that

volunteer with CAFO. This is not treated as taxable compensation as there

is a bona fide business purpose for their presence.

Part I, Line 7:

President, Jedd Medefind received a discretionary bonus that is based on

performance metrics for the organization and approved by the board of

directors.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

to Public Inspection

Christian Alliance for Orphans

Employer identification number 26-1492375

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

Savior.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Initiative, the Center on Applied Research for Vulnerable Children and

Families, the Aging Out Initiative, the Institute for Family Centered

Healing & Health, and other targeted programs. This work also involves

a wide range of communication efforts to build awareness and effective

engagement, including three podcast series, regular interviews in both

Christian and mainstream media, articles and opinion editorials,

speaking and teaching at conferences and other events, the CAFO blog

CAFO's monthly newsletter and other e-information, strategic use of

Facebook. Twitter and other social media, videos and other visual media

products, phone and in-person meetings with thought leaders, pastors

advocates and other influencers, email and phone responses to a wide

range of inquiries, an expansive website, monthly training webinars

and much more. All of these efforts work towards three primary goals:

1) To see more than enough well-supported homes for every child in US

foster care, including foster and kinship, adoptive, and restored

biological families; and 2) To see Christians and Christian

organizations known across the field of OVC care not only for great

love, but also for excellence and innovation; 3) To see the local

church in every nation rise as the primary answer for the orphans and

vulnerable children of that place.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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2022.04010 Christian Alliance for Orph 30204_1

Schedule O (Form 990) 2022	Page 2
Name of the organization Christian Alliance for Orphans	Employer identification number 26-1492375
The Form 990 is prepared by an independent CPA firm and reviewed in detail	
by the Treasurer and President. The reviewed Form 990 is then provided to $$	
the full board prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
Board members and officers sign a conflict of interest form annually to	
disclose any known conflicts of interest. The statements are reviewed by	
the Chief Operating Officer and the President, and the accounting team	
· · · · ·	
monitors all transactions. If a potential conflict of interest is	
identified, the transaction is brought to the President and/or board for $$	
approval. The person with a conflict execuses himself from the decision	
making process and the board votes on whether or not the transaction is in	
the best interest of the organization.	
Form 990, Part VI, Section B, Line 15a:	
The board sets the President's compensation using studies and surveys. The	
board approves compensation, and the approval process is documented in the	
board minutes.	
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:	
AR, CA, FL, HI, MD, MA, MI, MN, NH, NY, NC, PA, SC, TN, UT, VA, WV, WI, MS, NJ	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict of interest	
policy, and financial statements available upon request.	
portor, and financial statements available upon request.	
Form 990, Part XII, Line 2c:	
The organization did not change either it oversight process or	
232212 10-28-22 41	Schedule O (Form 990) 2022

15130725 146762 30204

41 2022.04010 Christian Alliance for Orph 30204_1

Name of the organization		Employer identification num
Christian Alliance for Orp		26-1492375
election process during the tax year.		
222012 10 20 20		Schedule O (Form 990) 2
30725 146762 30204 2022	42 4010 Christian Alliance	