Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For t	he 2022 calen	lar year, or tax year beginning	7/01 , 2022	, and ending	6/30		20 2023
В	Check	if applicable:	С			D Employ		cation number
	Ad	ddress change	PASSAIC COUNTY COURT	APPOINTED		20-	84563	98
	H _{Na}	ame change	SPECIAL ADVOCATES IN			E Telepho		
		nitial return	415 HAMBURG TURNPIKE	D2		(97	3) 83	2-4002
	-	nal return/terminated	WAYNE, NJ 07470			(37)	3, 03	2 1002
		mended return				G Gross r	eceints \$	2,480,414.
		pplication pending	F Name and address of principal officer:	TANTOR PROMOTER	Н	(a) Is this a group retur		-,,
	ШЛ	pplication pending	SAME AS C ABOVE	JANICE ERZMONEIT		(b) Are all subordinates If "No," attach a list		— — · · · · — · · ·
_	Tav	-exempt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) o		If "No," attach a list	. See instr	ructions.
' _								F2C0
			W.PASSAICCOUNTYCASA.C			(c) Group exemption nu		5269
K		n of organization:	X Corporation Trust Associa	tion Other L	Year of formation	n: 2007 M s	State of leg	gal domicile: NJ
Pa	rt I	Summar	,					IGED OD
	1		be the organization's mission or r					
e S			D NEED MORE THAN THE					
ш			IDE. PASSAIC COUNTY C IES COURT TEAM, AND C			FED2 THROUGH	1 112	ADVOCACY,
ē	_	Check this bo	-	Intinued its operations or disp				
Governance	2		ting members of the governing b				1 8	8
∘જ			dependent voting members of the				4	8
ies			of individuals employed in calend		•		5	27
Activities &	6		of volunteers (estimate if necess				6	190
Act	7a	Total unrelate	d business revenue from Part VI	II, column (C), line 12			7a	0.
	b	Net unrelated	business taxable income from Fe	orm 990-T, Part I, line 11			7b	0.
						Prior Year		Current Year
45	8	Contributions	and grants (Part VIII, line 1h)			1,992,4	07.	2,121,176.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)					
ě	10		come (Part VIII, column (A), line:				393.	10,851.
ď	11		e (Part VIII, column (A), lines 5, 6					243,355.
	12		 add lines 8 through 11 (must 			2,128,1	94.	2,375,382.
	13		milar amounts paid (Part IX, colu					
	14	Benefits paid	to or for members (Part IX, colur	mn (A), line 4)				
'n	15	Salaries, other	r compensation, employee benef	its (Part IX, column (A), line	s 5-10)	1,370,9	32.	1,715,910.
Expenses	16a	Professional	undraising fees (Part IX, column	(A), line 11e)				
ber	b	Total fundrais	ing expenses (Part IX, column (E	0). line 25) 1	34,082.			
Щ	17		es (Part IX, column (A), lines 11a	· — — — — — — — — — — — — — — — — — — —		437,5	32	527,595.
	18		es. Add lines 13-17 (must equal F			1,808,4		2,243,505.
			expenses. Subtract line 18 from			319,7		131,877.
- 0		Trevenue less	expenses. Subtract line 10 from	12		Beginning of Currer		End of Year
ts o	20	Total assets	Part X, line 16)			1,319,2		1,919,505.
Net Assets or Fund Balances	21		s (Part X, line 26)			247,3		715,711.
et/	22		fund balances. Subtract line 21 f			-		, , , , , , , , , , , , , , , , , , ,
_				Tom line 20		1,071,9)	1,203,794.
	rt II	Signatur						
Unde	er penal plete. D	Ities of perjury, I de Declaration of prepa	clare that I have examined this return, includer (other than officer) is based on all inform	ling accompanying schedules and state ation of which preparer has any knowle	ements, and to the edge.	e best of my knowledge	and belief	f, it is true, correct, and
c:		Signature of	officer			Date		
Siç He	JII				CI.	TEE ETNANCT	. V U	P.D.
110	16		ERZMONEIT name and title		Ur.	HIEF FINANCI	AL U	rr
		- '		er's signature	Date		., P	TIN
_			·	-	Date	Check	」 ''	
Pa				BEL DEL CORRAL		self-employ	ed E	01298880
	epare							0.40=0=
US	e On	ily Firm's addre			Firm's EIN 223849589			
			FAIRFIELD, NJ 070			Phone no.		882-0300
Ma	y the I	IRS discuss th	is return with the preparer shown	above? See instructions				X Yes No

Par	t III	Statement of Program Servi	•			
		Check if Schedule O contains a res	· · · · · · · · · · · · · · · · · · ·	Ine in this Part III		
1	-	describe the organization's mission				
	PASS	SAIC COUNTY CASA, NOW D	<u> DING BUSINESS</u>	UNDER THE NAME	CHILD FOCUS, CHAI	MPIONS THE
	BEST	I INTERESTS OF CHILDREN	INVOLVED WIT	H THE CHILD WEL	FARE, FOSTER CARE	AND COURT
	SYS	 ГЕМЅ.				
2	Did the	e organization undertake any significant	program services dur	ing the year which were no	ot listed on the prior	
	Form	990 or 990-EZ?				Yes X No
	If "Yes	s," describe these new services on Sche	dule O.			
3	Did th	e organization cease conducting, or	make significant cha	inges in how it conducts,	any program services?	Yes X No
	If "Yes	s," describe these changes on Schedule	0.			
4	Descr	ibe the organization's program service	e accomplishments	for each of its three large	est program services, as me	easured by expenses.
	Section	on 501(c)(3) and 501(c)(4) organization	ons are required to r	eport the amount of gran	nts and allocations to others	, the total expenses,
	and re	evenue, if any, for each program serv	rice reported.			
		 				
4a	(Code		998,939. includ) (Revenue \$	
	THE	COURT APPOINTED SPECIA	L ADVOCATES F	ROGRAM RECRUITS	<u>, SCREENS, TRAINS</u>	<u>, AND </u>
	SUPI	ERVISES ADVOCATES FROM	THE LOCAL COM	MUNITY WHO ENSU	RE CHILDREN IN TH	E CHILD
	WELI	FARE SYSTEM ARE SAFE AN	D ARE RECEIVI	NG THE SERVICES	THEY NEED. THESE	ADVOCATES
		JS ON THE INDIVIDUAL NE				
		OUGHOUT THE LEGAL AND C			PROGRAM IS AFFILIZ	
		RT APPOINTED SPECIAL AD				
		OCIATION FOR CHILDREN.	VOCATILD OF NE	m onkoni, iko.		<u> </u>
	<u> </u>	DETAILON TON CHILDREN.				
		 				
4b	(Code		705,440. includ) (Revenue \$	
	THE	NEW JERSEY SAFE BABIES	COURT TEAM F	ROVIDES EVIDENC	E-BASED AND HANDS:	ON SUPPORT TO
	CHII	LDREN AGED 0-3 AND THEI	R FAMILIES IN	I THE COURT SYST	EM. THE TEAM WOR	KS TO IMPROVE
	OUTO	COMES FOR VERY YOUNG CH	ILDREN IN FOS	TER CARE OR AT	RISK OF REMOVAL F	ROM THEIR
	PARI	ENT'S CARE. THE TEAM I	S FOCUSED ON	MINIMIZING TRAU	MA AND ITS IMPACT	ON EARLY
	DEVI	ELOPMENT BY IMPROVING C				
		TEMS, WORKING TOGETHER				
		ILIATED WITH ZERO TO TH				
		RT PROGRAM, FUNDED BY T				
	0001	CI IIOGIUII, I ONDID DI I	ill oo barriitir		ND HOLLIN BURVICED	:
						. – – – – – – – – – – – – – – – – – – –
						. – – – – – – – – –
		\ - A				
4c	(Code) (Revenue \$	
		OPEN DOOR STORE, PREVI				
	RESI	PONDS TO THE NEEDS OF V	<u>ULNERABLE CHI</u>	<u> LDREN AND FAMIL</u>	IES IN OUR AREA,	ENSURING A
	HOL:	<u> ISTIC APPROACH TO SUPPO</u>	RTING CHILDRE	<u>IN IN THE CASA A</u>	DVOCACY AND SAFE	BABIES COURT
	TEAN	M PROGRAMS. IT HELPS F.	AMILIES WITH	NECESSITIES LIK	E DIAPERS, WIPES,	FORMULA,
		THING, TOILETRIES, SCHO				. – – – – – – – – –
		LTH RÍSKS, REDUCE THE R				
		ESSITIES ON FAMILIES EN				
A .1	Other	program convices (Describe or Cala	dula O)			
40		program services (Describe on Sche		ė.) (Daylamira d	`
	(Expe		ncluding grants of) (Revenue \$)
4e	rotal	program service expenses	1,867,440.			

Form 990 (2022) PASSAIC COUNTY COURT APPOINTED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) PASSAIC COUNTY COURT APPOINTED Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			1.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
D Λ Λ	TFFA0104I 09/01/22		990 ((0000

Form 990 (2022) PASSAIC COUNTY COURT APPOINTED

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule 0.</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country	-u		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	•		
^	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	70		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Λ
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
_	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	TEF 4010FL 00101100	_		

Form 990 (2022) PASSAIC COUNTY COURT APPOINTED 20-8456398 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ 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 one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. Q. 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?.. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

ORGANIZATION 415 HAMBURG TURNPIKE SUITE D2 WAYNE NJ 07470 (973)

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 relat	ted organiz	ation	con	nper	ısate	ed any	cu	rrent officer, direct	or, or trustee.	
					(C))					
N	(A) ame and title	(B) Average hours per	thar	one both	box, an c ector	unles	,	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
	ISCHER-KASLANDER	60									
EXECUTI		0			Χ				133,523.	0.	3,977.
_(2) AILEEN (5									
PRESIDE		0	Х		X				0.	0.	0.
(3) NANCY B		5									
VICE PR		0	Х		Χ				0.	0.	0.
_(4) JOHN LI		5									
TREASUR		0	Х		Χ				0.	0.	0.
	<u>JANEL ESQ</u>	5									
SECRETA		0	Х		Χ				0.	0.	0.
	ERTON_ROCCO	3									
TRUSTEE		0	Χ						0.	0.	0.
	<u>DIUS</u>	3									_
TRUSTEE		0	Χ						0.	0.	0.
	ARD COSTA	3									_
TRUSTEE		0	Χ						0.	0.	0.
	<u>KAHWATY</u>	3									_
TRUSTEE		0	Χ						0.	0.	0.
(10)											
(11)											
(12)			-								
(13)			-								
(14)											

Part VII	Section A. Officers, Directors, 1rt	(B)	ney	⊏m	1D10	_	es,	and	a nignest Com	ipensated Empi	oyees	(conti	nuea)
	(4)	` `			•	•	than		(D)	(E)		(F)	
	(A) Name and title	Average hours per	box	, unle	ess pe	erson	e than is both or/trus	n an	Reportable compensation from	Reportable compensation from	Estima	ated am	ount
		week (list any		-					the organization (W-2/1099-	related organizations (W-2/1099-	compe	of other nsation rganizat	from
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	d related anization	d
		organiza - tions	हिं हिं	mal t		ploye	comp				J		
		below dotted line)	ıstee	ruste		ō	ensa						
				€0			fed						
(15)													
(16)													
			•										
(17)			-										
(18)													
(10)													
<u>(19)</u>			-										
(20)			-										
(21)													
			-										
(22)													
(23)													
(24)													
(24)			-										
(25)			-										
1h Subto	t al								133,523.	0.		3 (977.
	rom continuation sheets to Part VII, Secti								0.	0.		J, .	0.
	add lines 1b and 1c)								133,523.	0.			977.
	umber of individuals (including but not limited ne organization	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	ne organization 1											Yes	No
3 Did the	e organization list any former officer, direc	tor, truste	e, ke	ey e	mple	oyee	e, or	high	nest compensated	employee	2		37
	1a? If "Yes,"complete Schedule J for suc										. 3		Х
the org	y individual listed on line 1a, is the sum of panization and related organizations greated organizations greated organizations greated organizations greated organizations greated organizations are supported to the province of the province	er than \$1	50,00	00?	If "	Yes,	" cor	nple	ete Schedule J for	from	4		Х
	y person listed on line 1a receive or accru vices rendered to the organization? If "Yes									individual	· — —		
	Independent Contractors	s, comple	eie S	спе	auie	9 J T	or su	сп р	person		. 3		X
	ete this table for your five highest compen nsation from the organization. Report compen	sated indes	epen	den alen	t cor	ntra	ctors	tha	t received more the	han \$100,000 of			
соттре	(A) Name and business add		ti ic ci	aicii	uai .	ycai	Criun	iig v	(B)		((C)	
	Name and business add	ress							Description of	of services	Compè	nsatio	n
							_						
2 Total n	umber of independent contractors (including t	out not lim	ited to	o thr	ose I	lister	aho	ve)	who received more	than			
	000 of compensation from the organization							-,					

Form 990 (2022) PASSAIC COUNTY COURT APPOINTED 20-8456398 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue E, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, d Related organizations 1d e Government grants (contributions) 1,709,503 Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 411,673 Noncash contributions included in 1g lines 1a-1f........ h Total. Add lines 1a-1f...... 2,121,176 **Business Code** Program Service Revenue 2a h All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 10,851 10,851. Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7c **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 272,659 **b** Less: direct expenses..... 8b 105,032 c Net income or (loss) from fundraising events 167,627 9a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. 0a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous SHARED SERVICE FEE-UNION CASA 75,728 75,728 Revenue All other revenue

75,728

75,728

0

10,851

375,

e Total. Add lines 11a-11d . . .

12

Total revenue. See instructions.....

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 re	sponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	137,500.	114,912.	15,367.	7,221.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,346,499.	1,125,299.	150,482.	70,718.
8	Pension plan accruals and contributions	1,340,433.	1,123,233.	130,402.	10,110.
٥	(include section 401(k) and 403(b) employer contributions)	26,810.	22,406.	2,996.	1,408.
9	Other employee benefits	62,775.	52,461.	7,018.	3,296.
10	Payroll taxes	142,326.	118,945.	15,906.	7,475.
11	Fees for services (nonemployees):	,	·	Í	•
а	Management				
b	Legal				
С	Accounting	12,750.		12,750.	
d	Lobbying	,		Í	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	40,197.	24,057.	3,180.	12,960.
13	Office expenses	84,652.	58,705.	13,170.	12,777.
14	Information technology	04,032.	30,703.	13,170.	12,111.
15	Royalties				
16	Occupancy	152,894.	136,993.	11,161.	4,740.
17	Travel	132,031.	130/333.	11/101.	1,710.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,960.	43,363.		1,597.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,994.	7,516.	1,005.	473.
23 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.).	18,336.	15,324.	2,049.	963.
а		101,958.	101,958.		
b	MARKETING & COMMUNICATIONS	47,774.	34,663.	3,870.	9,241.
С		15,080.	10,838.	3,029.	1,213.
d		23,000.	10,000.	3,023.	1,210.
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,243,505.	1,867,440.	241,983.	134,082.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).	, .,,,,,,,,,	, . ,	,	. , = .

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments			976,252.	2	751,121.
	3	Pledges and grants receivable, net			303,525.	3	251,662.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net		· · · · ·		7	
Ø	8	Inventories for sale or use		L.		8	
set	9	Prepaid expenses and deferred charges		<u> </u>	7,839.	9	14 020
Assets	-				1,039.	9	14,028.
3		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	74,167.			
	b	Less: accumulated depreciation		52,021.	24,717.	10c	22,146.
	11	Investments — publicly traded securities		<u>-</u>		11	305,990.
	12	Investments — other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	6,960.	15	574,558.		
	16	Total assets. Add lines 1 through 15 (must equal line	1,319,293.	16	1,919,505.		
	17	Accounts payable and accrued expenses		92,576.	17	133,432.	
	18	Grants payable		<u></u>		18	
	19	Deferred revenue		<u> </u>	21,625.	19	16,750.
	20	Tax-exempt bond liabilities		<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part I		L		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	utor, or	35%		22	
_	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>	124,375.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re plete F	lated third parties, 'art X of Schedule D.	8,800.	25	565,529.
	26	Total liabilities. Add lines 17 through 25			247,376.	26	715,711.
es		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	;	X	·		
ă	27				071 017	27	1 140 704
3a	27 28	Net assets with donor restrictions		<u> </u>	971,917. 100,000.	28	1,149,794.
핕	20	Organizations that do not follow FASB ASC 958, che			100,000.	20	54,000.
Net Assets or Fund Balance		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ž.	30	Paid-in or capital surplus, or land, building, or equipment		<u></u>		30	
38	31	Retained earnings, endowment, accumulated income,		<u> </u>		31	
et/	32	Total net assets or fund balances		<u></u>	1,071,917.	32	1,203,794.
Ź	33	Total liabilities and net assets/fund balances			1,319,293.	33	1,919,505.

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Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,3	75,3	382.
2	Total expenses (must equal Part IX, column (A), line 25)	2			505.
3	Revenue less expenses. Subtract line 2 from line 1	3			377.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		•	917.
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
_	column (B))	10	1,2	03,	794.
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. Ц
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate of the year were audited on the year were also and year were also also and year were also and year were also and year were also an				
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t , 	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?	Uniform	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au			-	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number PASSAIC COUNTY COURT APPOINTED SPECIAL ADVOCATES INC 20-8456398 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning 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.")	913,964.	1,000,630.	1,492,349.	1,857,937.	1,995,319.	7,260,199.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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)	913,964.	1,000,630.	1,492,349.	1,857,937.	1,995,319.	7,260,199.
6	Public support. Subtract line 5 from line 4						7,023,659.
Sec	tion B. Total Support						, ,
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	913,964.	1,000,630.	1,492,349.	1,857,937.	1,995,319.	7,260,199.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,922.	3,283.	2,841.	2,393.	10,851.	21,290.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	,	,	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						7,281,489.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	11 1 10			
	Public support percentage for 20 Public support percentage from 2						96.46 % 96.85 %
	33-1/3% support test—2022. If the and stop here. The organization	ne organization di	id not check the b	oox on line 13, an	d line 14 is 33-1/3	B% or more, checl	k this box
b	33-1/3% support test—2021. If the and stop here. The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a I-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization.	VI how the

Schedule A (Form 990) 2022

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	tion A. Public Support	Total Selection (produce compresses	<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2313	(3) 2013	(0) = 1 = 1	(4) 2321	(6) 2.02		(ly rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	ı						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
-	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501	(c)(3)	
	tion C. Computation of Pul							
15	Public support percentage for 20	•	.,,		•		15	%
16	Public support percentage from 2				<u></u>		16	%
Sec	tion D. Computation of Inv							
17	Investment income percentage for	or 2022 (line 10c,	column (f), divide	ed by line 13, col	umn (f))		17	%
18	Investment income percentage f	rom 2021 Schedu	le A, Part III, line	17			18	%
	33-1/3% support tests—2022. If t is not more than 33-1/3%, check	this box and sto	p here. The organ	ization qualifies	as a publicly supp	orted organi	zation .	
	33-1/3% support tests—2021. If the ine 18 is not more than 33-1/3% Private foundation. If the organization of the inequality of the in	, check this box a	and stop here. Th	e organization qu	ialifies as a public	cly supported	d organ	ization

20-8456398

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
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.	4 a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 .	9с		
0a	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.	10a		
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.)	10b		

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Par	t IV	Supporting Organizations (continued)			
11	Hac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A pe	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
		governing body of a supported organization?	11a		
		imily member of a person described on line 11a above?	11b		
		% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	tion	B. Type I Supporting Organizations		Yes	No
1	or moffice organization	the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's ters, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported anization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		les	NO
2	Did that ben	the tax year. the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such effit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
٠					
sec	tion	C. Type II Supporting Organizations		Yes	No
1	of e	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Sec	tion	D. All Type III Supporting Organizations			
1	orga year	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	orga	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voic all ti	eason of the relationship described on line 2, above, did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á		The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	\equiv	The organization is the parent of each of its supported organizations. Complete line 3 below.			
ď	\equiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uctions	s).
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
ā	supp orga resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
ŀ	mor reas	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the sons for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer lines 3a and 3b below.			
ā	Did each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of h of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
ŀ		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	$\frac{1}{2}$ $\frac{1}{2}$ 1 ype III Non-Functionally integrated 509(a)(3) Supporting Orga	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No ns mus	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
â	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

art v Type III Non-Functionally integrated 509(a)(3) Supporting Organizations (continued)				
Section D — Distributions				
Amounts paid to supported organizations to accomplish exempt purposes	1			
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
Amounts paid to acquire exempt-use assets	4			
Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5			
Other distributions (describe in Part VI). See instructions.	6			
Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to which the organization is responsive (provide details				
in Part VI). See instructions.	8			
Distributable amount for 2022 from Section C, line 6	9			
Line 8 amount divided by line 9 amount	10			
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6		

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c 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)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022 BAA

Part VI

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

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SCHEDULE D (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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

	SAIC COUNTY COURT APPOINTED CIAL ADVOCATES INC		20-8456398
Par		onor Advised Funds or Other Similar F	
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·	(b) Farias and other decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5		nor advisors in writing that the assets held in do organization's exclusive legal control?	
6	for charitable purposes and not for the benefi	ors, and donor advisors in writing that grant function of the donor or donor advisor, or for any other	purpose conferring
Par	t II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held b	· <u>· · ·</u> · ·	
	Preservation of land for public use (for exam	• • • • • • • • • • • • • • • • • • • •	ion of a historically important land area
	Protection of natural habitat Preservation of open space	Preservati	ion of a certified historic structure
2		held a qualified conservation contribution in the form	m of a concentration assembnt on the
	last day of the tax year.	neu a quaimeu conservation contribution in the ion	in of a conservation easement on the
			Held at the End of the Tax Year
		ements	
(; Number of conservation easements on a cert	ified historic structure included in (a)	2c
(Number of conservation easements included	in (c) acquired after July 25, 2006 and not on a	2 d
3		er	= = =
3	tax year	risierred, released, extinguished, or terminated by t	the organization during the
4	Number of states where property subject to c	onservation easement is located	
5	Does the organization have a written policy re	egarding the periodic monitoring, inspection, ha	ndling of violations,
		ents it holds?	
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements in its revenue and to the organization's financial statements that c	d expense statement and balance sheet, and describes the organization's accounting for
Par	Complete if the organization answered	llections of Art, Historical Treasures, "Yes" on Form 990, Part IV, line 8.	or Other Similar Assets.
1 a	If the organization elected, as permitted unde historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	er FASB ASC 958, not to report in its revenue steld for public exhibition, education, or research all statements that describes these items.	tatement and balance sheet works of art, in furtherance of public service, provide in
ŀ	historical treasures, or other similar assets held following amounts relating to these items:	er FASB ASC 958, to report in its revenue stater for public exhibition, education, or research in further	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII	, line 1	\$
	(ii) Assets included in Form 990, Part X \dots		\$
2	If the organization received or held works of art, amounts required to be reported under FASB	historical treasures, or other similar assets for finar ASC 958 relating to these items:	ncial gain, provide the following
	Revenue included on Form 990, Part VIII, line	e 1	\$
t	Assets included in Form 990, Part X		Þ

Part III Organizations Maintain	ing Collections of Ar	t, Historical Treasures,	or Other Similar As	ssets (co	ntinued)			
3 Using the organization's acquisition, accitems (check all that apply):	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
a Public exhibition	d 🗌	Loan or exchange program						
b Scholarly research	· LJ	Other						
c Preservation for future generation	S							
4 Provide a description of the organization Part XIII.	•	, c						
5 During the year, did the organization to be sold to raise funds rather than t	o be maintained as part of	the organization's collection	?	Yes	No			
Escrow and Custodial A reported an amount on Form 9	Arrangements. Complet 90, Part X, line 21.	e if the organization answered	1 "Yes" on Form 990, Par	t IV, line 9,	or			
1 a Is the organization an agent, trustee,	custodian or other interme	ediary for contributions or oth	er assets not included		П.,			
on Form 990, Part X?				Yes	No			
b If "Yes," explain the arrangement in Par	XIII and complete the follow	ving table:		Amount				
• Paginning halanga								
d Additions during the year								
e Distributions during the year								
f Ending balance								
2a Did the organization include an amou				Yes	No			
b If "Yes," explain the arrangement in F		*	, i		—			
2		onplanation had been provid	ou o u.c.,					
Part V Endowment Funds. Com	plete if the organization an	swered "Yes" on Form 990, Pa	rt IV, line 10.					
	·	rior year (c) Two years back		(e) Four	years back			
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of	he current year end balan	ce (line 1g, column (a)) held	as:					
a Board designated or quasi-endowmer	nt%							
b Permanent endowment	<u> </u> %							
c Term endowment	_%							
The percentages on lines 2a, 2b, and 2d	should equal 100%.							
3a Are there endowment funds not in the po	ossession of the organization	that are held and administered	for the					
organization by:				Ye	es No			
(i) Unrelated organizations				. 3a(i)				
(ii) Related organizations				3a(ii)				
b If "Yes" on line 3a(ii), are the related	-	•		. 3b				
4 Describe in Part XIII the intended use		dowment funds.						
	Tana, Sanango, ana Equipmona							
Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 11a. See Form 9	90, Part X, line 10.					
Description of property	(a) Cost or other I (investment)	casis (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	k value			
1 a Land								
b Buildings								
c Leasehold improvements		15,949.	6,380.		9,569.			
d Equipment		58,218.	45,641.		12,577.			
e Other								
Total. Add lines 1a through 1e. (Column (d)) must equal Form 990, Pa	ert X, column (B), line 10c.).			22,146.			

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Schedule D (Form 990) 2022

(Pb)	Part VIII Investments — Other Securities.	on Form 990 Part IV line	N/A - 11h See Form 990 Part X line 12	
(1) Francial derivatives			·	-year market value
(2) Clasely held equity interests		, ,		,
(3) Other (2) (3) (5) (6) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10				
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(G)				
(G)	 (B)	_		
(G)	(C)			
(G)	 (D)			
(G) (P) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(E)			
(G) (P) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(F)			
Total Column (b) must equal Form 990, Part X, column (B) line 12.	(G)			
Total. (Column (b) most equal Form 990, Part X, column (B) line 15.)				
Investments — Program Related. Somplete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		_		
Complete if the organization answered "Yes" on Form 1990, Part X, line 13.				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Cost or end-of-year market valu	Part VIII Investments — Program Related.	on Form 000 Part IV line		
(1) (2) (3) (4) (5) (6) (6) (7) (7) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of investment		(c) Method of valuation: Cost or end-	of-vear market value
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(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 565, 062 (2) SECURITY DEPOSIT (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). Total. (Column (b) must equal Form 990, Part X, column (B) line 15.). (a) Description of liability (b) Book value (b) Book value (c) Depart IN, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) OPERATING LEASE LIABILITY (d) Description of liability (e) Book value (f) Federal income taxes (g) OPERATING LEASE LIABILITY (g)				
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Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITY 565, 529 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25). 565, 529		(R) line 15.)		571 550
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1. (a) Description of liability (b) Book value (1) Federal income taxes (2) OPERATING LEASE LIABILITY 565,529 (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) 565, 529	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.
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(10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 565, 529				
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.). 565, 529				
	Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			565,529.
tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII				

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,775,907.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	400,525.
3 Subtract line 2e from line 1	3	2,375,382.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,375,382.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,644,030.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	400,525.
3 Subtract line 2e from line 1.	3	2,243,505.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,243,505.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 - FASB ASC 740 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE

MANAGEMENT TO EVALUATE UNCERTAIN TAX POSITIONS TAKEN BY THE ORGANIZATION. THE

FINANCIAL STATEMENTS EFFECTS OF A TAX POSITION ARE RECOGNIZED WHEN THE POSITION IS

MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, TO BE SUSTAINED UPON

EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE

ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2023, THERE ARE NO UNCERTAIN TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN. OTHER SIGNIFICANT TAX POSITIONS INCLUDE

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION WAS NOT SUBJECT TO UBIT. THE ORGANIZATION HAS RECOGNIZED NO INTEREST OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2020.

SCHEDULE G (Form 990)

Total.

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization PASSAIC COUNTY COURT APPOINTED

Employer identification number

Open to Public Inspection

SPECIAL ADVOCATES INC 20-8456398 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Solicitation of government grants Internet and email solicitations

Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key Yes X No **b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No

1 2 3 5 6 7 9 10

or licensing.

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

0.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

ne			(a) Event #1 VOICES FOR CHI (event type)	(b) Event #2 TRICKY TRAY (event type)	(c) Other events 1 (total number)	(d) Total events (add column (a) through column (c))	
Revenue	1	Gross receipts	171,300.	90,679.	10,680.	272,659.	
~	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	171,300.	90,679.	10,680.	272,659.	
	4	Cash prizes					
	5	Noncash prizes					
nses	6	Rent/facility costs					
Expe	7	Food and beverages					
Direct Expenses	8	Entertainment					
Δ	9	Other direct expenses	69,690.	30,761.	4,581.	105,032.	
	10	Direct expense summary. Add lines 4 three				,	
David	11	Net income summary. Subtract line 10 fro				167,627.	
Par	(IIII	Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, line	e 6a.	S on Form 990, Pa	irt iv, line 19, or re	ported more	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
2	1	Gross revenue					
ses	2	Cash prizes					
Exper	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d)				
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)			
а	a Is the organization licensed to conduct gaming activities in each of these states?						
	0 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

Sch	hedule G (Form 990) 2022 PASSAIC CO	OUNTY COURT APPOINTED	20-845	6398	Page 3
11	1 Does the organization conduct gaming activities w	ith nonmembers?		Yes	No
12		a trust, or a member of a partnership or other entity formed		Yes	No
13	Indicate the percentage of gaming activity conducted i		11		
	,				%
14		res the organization's gaming/special events books and reco			%
	- Enter the name and address of the person who propar	os the organization's gaming/special events books and reco	143.		
	Name				
	Address		-		
15	b If "Yes," enter the amount of gaming revenue rece	party from whom the organization receives gaming reversived by the organization \$ and \$	enue? d the amou		No
	Name				
	Address				
16	6 Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee	Independent contractor			
17	7 Mandatory distributions:				
	state gaming license?	haritable distributions from the gaming proceeds to retain th		Yes	No
	b Enter the amount of distributions required under state organization's own exempt activities during the tax	law to be distributed to other exempt organizations or spent cyear \$	in the	_	_ _
Pa	art IV Supplemental Information. Provide and Part III, lines 9, 9b, 10b, 15b, 1 information. See instructions.	the explanations required by Part I, line 2b, 5c, 16, and 17b, as applicable. Also provide	columns any addi	(iii) and (v tional	<i>'</i>);

 BAA
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 Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PASSAIC COUNTY COURT APPOINTED SPECIAL ADVOCATES INC

Employer identification number

20-8456398

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE ORGANIZATION HAS RETAINED AN EXTERNAL ACCOUNTING FIRM TO PREPARE ITS FORM 990 AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. A DRAFT OF FORM 990 IS REVIEWED BY THE TREASURER AND THE FINANCE COMMITTEE PRIORT O THE FORM BEING FILED. THE FINAL FROM 990 IS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BY EMAIL. BOARD MEMBERS ARE ENCOURAGED TO REVIEW AND ASK OUESTIONS ABOUT IT BY EMAIL OR AT THE NEXT BOARD MEETING. AFTER ALL REVIEW IS COMPLETE, THE FINAL FORM 990 IS FILED WITH THE IRS. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE ORGANIZATION REQUIRES THE COMPLETION OF ANNUAL CONFLICT OF INTEREST STATEMENTS FROM ALL COVERED MEMBERS. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. FULL DISCLOSURE OF CONFLICTS OF INTEREST INCLUDES ACTUAL AND POTENTIAL CONFLICTS INVILVING FAMILY MEMBERS, AFFILIATED ENTITIES AND AFFILIATED TRUSTS. THE CONFLICT OF INTEREST STATEMENTS ARE DISTRIBUTED TO ALL COVERED PERSONS UPON THE COMMENCEMENT OF A PERSON'S RELATIONSHIP WITH THE

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE COMPENSATION FOR THE EXECUTIVE
DIRECTOR BASED ON THE USE OF ANNUAL PERCENTAGE INCREASES AND KNOWLEDGE OF REGIONAL
WAGE TRENDS FOR COMPARABLE PERSONNEL. THE BOARD APPROVES THE COMPENSATION DURING THE
ANNUAL BUDGET PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE DIRECTOR DETERMINES COMPENSATION FOR ALL EMPLOYEES BASED UPON THE USE

OF ANNUAL PERCENTAGE INCREASES AND KNOWLEDGE OF REGIONAL WAGE TRENDS FOR COMPARABLE

PERSONNEL. THE BOARD APPROVES AGGREGATE COMPENSATION DURING THE ANNUAL BUDGET

ORGANIZATION AND THEREAFTER ON AN ANNUAL BASIS.

Schedule O (Form 990) 2022 Page 2

Name of the organization PASSAIC COUNTY COURT APPOINTED	Employer identification number
	20-8456398

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (C

DOCUMENTED IN THE MINUTES OF THE BOARD MEETING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALWAYS AVAILABLE

TO THE PUBLIC AT THE ORGANIZATION'S OFFICE OR BY REQUEST.

BAA Schedule O (Form 990) 2022