HAROLD KERN CPA INC 9100 WILSHIRE BLVD. SUITE 333E BEVERLY HILLS, CA 90212-3415

CLAIRE'S PLACE FOUNDATION, INC. 2110 ARTESIA BOULEVARD, 819 REDONDO BEACH, CA 90278

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CLIENT'S COPY



HAROLD KERN CPA INC 9100 Wilshire Blvd, Ste 333E Beverly Hills CA 90212-3415 310.205.2333 halkern@cpabgc.com

July 10, 2023

Claire's Place Foundation, Inc. 2110 Artesia Boulevard 819 Redondo Beach, CA 90278 Attention: Melissa Nordquist

Dear MELISSA

Enclosed is the organization's 2022 Exempt Organization return. The state Exempt Organization return is also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Please review the return for completeness and accuracy.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

HAROLD KERN CPA INC



Filing Instructions

Prepared for:

Claire's Place Foundation, Inc. 2110 Artesia Boulevard 819 Redondo Beach, CA 90278

Prepared by:

Harold Kern CPA Inc 9100 Wilshire Blvd. Suite 333E Beverly Hills, CA 90212-3415

2022 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

2022 CALIFORNIA FORM 199

No payment is required.

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

	For calendar year 2022, or fiscal year beginning	, 2022, and ending	
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CLAIRE'S PLACE FOUNDATION, INC.

-*3459

EIN or SSN

MELISSA NORDQUIST Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER

Part	I Type of Return and	d Return Information			
Form 5 or 10a whiche	330 filers may enter dollars and oblined below, and the amount on that li	cents. For all other forms, enter who ne for the return being filed with thi	d enter the applicable amount, if any, fro ble dollars only. If you check the box on I s form was blank, then leave line 1b, 2b, he return, then enter -0- on the applicable	ine 1a, 2a, 3a, 4a, 5 3b, 4b, 5b, 6b, 7b,	5a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b,
1a	Form 990 check here	X b Total revenue, if any (Fe	orm 990, Part VIII, column (A), line 12)	1b	294,137.
2a	Form 990-EZ check here	b Total revenue, if any (Fo	orm 990-EZ, line 9)	2b	
3a	Form 1120-POL check here		DL, line 22)		
4a	Form 990-PF check here		ent income (Form 990-PF, Part V, line 5)		
5a	Form 8868 check here	b Balance due (Form 886	8, line 3c)		
6a	Form 990-T check here		Part III, line 4)		
7a	Form 4720 check here	b Total tax (Form 4720, P	art III, line 1)		
8a	Form 5227 check here		f tax year (Form 5227, Item D)		
9a	Form 5330 check here	b Tax due (Form 5330, Pa	urt II, line 19)	9b	
10a	Form 8038-CP check here		ent requested (Form 8038-CP, Part III, li	ine 22) 10b	
Part	II Declaration and Si		Officer or Person Subject to Tax		
Under	penalties of periury. I declare tha	t X I am an officer of the above	entity or I am a person subject to ta	ax with respect to (r	iame
of entit	v)		, (EIN) and	that I have examine	ed a copy of the
of any entry to financia later th paymer person	refund. If applicable, I authorize to the financial institution account al institution to debit the entry to an 2 business days prior to the put of taxes to receive confidential identification number (PIN) as neck one box only	he U.S. Treasury and its designate indicated in the tax preparation so this account. To revoke a payment payment (settlement) date. I also au I information necessary to answer imy signature for the electronic returns.	the reason for any delay in processing to definancial Agent to initiate an electronic ftware for payment of the federal taxes of the tensor of	funds withdrawal (o owed on this return, cial Agent at 1-888-3 in the processing o e payment. I have se tronic funds withdra	direct debit) and the 353-4537 no f the electronic elected a awal.
_2	I authorize HAROLD KE		_	51.1151 H.I.J T. II.T	28480
		ERO firm name			five numbers, but it enter all zeros
	with a state agency(ies) regulation the return's disclosure cor. As an officer or person subject return. If I have indicated with	ating charities as part of the IRS Fe sent screen. at to tax with respect to the entity,	f I have indicated within this return that a d/State program, I also authorize the aforwill enter my PIN as my signature on the urn is being filed with a state agency(ies) sure consent screen.	e tax year 2022 elec	o enter my PIN
Signature	of officer or person subject to tax			Date	
Part	III Certification and A	uthentication			
ERO's	EFIN/PIN. Enter your six-digit ele	ectronic filing identification			
numbe	r (EFIN) followed by your five-digi	t self-selected PIN.	95455200002 Do not enter all zeros		
submit			he 2022 electronically filed return indicat Modernized e-File (MeF) Information for A		
ER0's s	ignature		Date		
		EDO Mario I I I I I I	Farma Ocalinat "		
	Do M		Form - See Instructions	80	
I HA E		Ot Submit This Form to the Reduction Act Notice, see instru	e IRS Unless Requested To Do		8879-TE (2022)
	or i rivacy not allu rapel WUIN			1 01111 0	(-0)

202521 12-16-22

Return of Organization Exempt From Income Tax

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2022
71177
LULL
Open to Public
Open to Fubic
Inspection

Α	For the	2022 calendar year, or tax year beginning	and	enaing		
В	Check if applicabl	C Name of organization			D Employer identifi	cation number
	Addre	CLAIRE'S PLACE FOUNDATI	ON, INC.			
	Name chang	Doing business as			T **-***34	59
	Initial return	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite	E Telephone numbe	r
Ē	Final return/			819	310-922-	
	termin ated	City or town, state or province, country, and Z			G Gross receipts \$	569,976.
	Amend					
F	return Applic tion				H(a) Is this a group re	
L	tion pendir	F Name and address of principal officer: PLUD DOX 01	O DEDONDO DES	CII CI	for subordinates	
		9 2110 ARTESIA BLVD BOX 81			H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Websit				H(c) Group exemption	
		5. ga	ociation Other	L Year	of formation: 2011	State of legal domicile: CA
P	art I	Summary				
Φ	1	Briefly describe the organization's mission or most s	significant activities: TO P	ROVIDI	E HELP TO CH	ILDREN AND
Activities & Governance		YOUNG ADULTS DIAGNOSED WIT	H CISTIC FIBRO	SIS		
na L	2	Check this box if the organization discon	tinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.
Š	-	Number of voting members of the governing body (I			3	6
ၓ		Number of independent voting members of the government of the gove				6
∞ ∞						Ö
ţį	1	Total number of individuals employed in calendar ye				0
⋛		Total number of volunteers (estimate if necessary)				
Aci		Total unrelated business revenue from Part VIII, colo				3.
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			0.
				_	Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)			0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.	3.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			463,665.	294,134.
	1	Total revenue - add lines 8 through 11 (must equal F			463,665.	294,137.
		Grants and similar amounts paid (Part IX, column (A			165,579.	177,666.
	1	Benefits paid to or for members (Part IX, column (A)			0.	0.
(A	1				82,263.	84,402.
Expenses	162	Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line	20 110		0.	0.
Sen-	lua	Tatal funduciair a company (Part IX, Column (A), III	05) 10 8	20		•
Ä	1.5				45,968.	52,763.
		Other expenses (Part IX, column (A), lines 11a-11d,			293,810.	
		Total expenses. Add lines 13-17 (must equal Part IX			169,855.	
	19	Revenue less expenses. Subtract line 18 from line 1	2			
Net Assets or Find Balances				B	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)			424,065.	239,880.
TA A	21	Total liabilities (Part X, line 26)			0.	3,712.
<u>Z</u>	22	Net assets or fund balances. Subtract line 21 from l	ine 20		424,065.	236,168.
P	art II	Signature Block				
Unc	ler pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and staten	nents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sig	ın	Signature of officer			Date	
He		MELISSA NORDQUIST, CHIEF E	EXECUTIVE OFFIC	ER		
	. •	Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pai	d	HAROLD B. KERN CPA	Topator a aignature		if	
			TC .		self-employ	*-***7839
	parer				Firm's EIN *	- " " " 1033
USE	Only	Firm's address 9100 WILSHIRE BLVI			_ 34	0 005 0000
_		BEVERLY HILLS, CA			Phone no. 3 1	0.205.2333
Ma	y the IF	RS discuss this return with the preparer shown above				X Yes No
		o oo I UA For Department Reduction Act Notice	the concrete inctructi			Earm 990 (2022)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE HELP TO CHILDREN AND YOUNG ADULTS DIAGNOSED WITH CISTIC
	FIBROSIS
	AND OTHER LIFE THREATENING DISEASES, AS WELL AS THEIR FAMILIES FOR
	THE PURPOSE OF IMPROVING THEIR QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$ 177,666.) (Revenue \$) GRANTS FOR RENTS, UTILITIES, MEDICAL INSURANCE AND OTHER NECESSARY EXPENSES.
4b	(Code:) (Expenses \$) (Revenue \$)
	FOUNDATION EVENTS TO MAKE PUBLIC AWARE OF CISTIC FIBROSIS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) NDIVIDUAL AND FAMILY COUNSELING.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 177,666 • including grants of \$) (Revenue \$)
4e	Total program service expenses 177,666.
	Form 99 11/2022

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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	-		
J	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
D	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
12	The state of the s	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continue

	Chicamat of Heddines Continued			T
00	Did the constitution was at a second for 000 of seconds and the second for decreasing in this individuals are		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	1	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		├
2 -1 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u> </u>		†
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		 ^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		х
29	"Yes," complete Schedule L, Part IV 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	25		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	_ ^	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Schedule O contains a response di note to any ille in this fait v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	140
ia b	Enter the number reported in box of 1 of in 1655. Enter of in 165 applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		
		-		

O22) CLAIRE'S PLACE FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
	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)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a											
b	<u></u>										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	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 contribut	ons 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 ser	vices 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								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•									
	to file Form 8282?		7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h								
8	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?										
9	Sponsoring organizations maintaining donor advised funds.		9a								
_	a Did the sponsoring organization make any taxable distributions under section 4966?										
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:	100									
	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a								
	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	13b									
С	Enter the amount of reserves on hand	13c									
14a			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		١.								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-00		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (mis seed on Brequests information about politics not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		- 14		
12a		12a		Х
b		12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		Х
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		Х
	taxable entity during the year?	16a		22
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	0.3			
17 12		ic only	\ availe	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	is unity	, avalla	aDIE
	for public inspection. Indicate how you made these available. Check all that apply. Other (xxx/air or Schodule O)			
40	Own website Another's website X Upon request Other (explain on Schedule O)	al 61	!-!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	a finar	ıcıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	HAROLD KERN CPA, INC 310-205-2333 9100 WILSHIRE BOULEVARD, SUITE333E, BEVERLY HILLS, CA 90212			
	YIVO MIDDIITKE DOUDEVAKD, BUITEJJJE, DEVEKHI HIHDƏ, CA 9UZIZ			

232006 12-13-22

Form **990** (2022)

2848___1

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.

(A) Name and title	(B) Average hours per	box	box, unless		rganization compensate (C) Position (do not check more than one loox, unless person is both an officer and a director/frustee)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director		Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations		
(1) MELISSA J NORDQUIST CHIEF EXECUTIVE OFFICER	40.00			X	4			78,300.	0.	0		
(2) MELISSA J NORDQUIST	5.00							,				
SECRETARY		1		X				0.	0.	0		
(3) PATRICIA DIXON	5.00											
TREASURER		L		X				0.	0.	0		

Form 990 (2022)

c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Thours per Work per W		(A)	(B)			•	•			(D)	(E)			(F)	
Total number of individuals financiar on the organization from the organization and or the organization from the organization and ordan or the organization from the organization from the organization or the organization from the organization or	(do not check more than one								Reportable	Reportable		Es	timate	d	
Subtotal 15 Subtotal 15 Subtotal 16 Subtotal 17 Subtotal 17 Subtotal 18 Subtotal 18 Subtotal 18 Subtotal 18 Subtotal 19				box	, unle	ss pe	rson	is bot	h an	· ·	•	n			of
hours for related organizations below below line) 15 Subtotal 16 Total from continuation sheets to Part VII, Section A 17 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization or individual from the reganization for the calendar year ending with or within the organization or individual from the organization for the organizations for the calendar year ending with or within the organization is tany person licted on line 1 are selve or accrue compensation from any unrelated organization or individual for the organization for the organizations greater than \$150,000 if 'Yes,' complete Schedule J for such individual and related organizations greater than \$150,000 if 'Yes,' complete Schedule J for such individual and related organization is the organization for the organization for the calendar year ending with or within the organization or individual for the organization for the calendar year ending with or within the organization or individual for the organization for the calendar year ending with or within the organization at xeyear. (A) NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization for the calendar year ending with or within the organization at xeyear. (A) None Description of services Complete Schedule J for such previous Complete Schedule J for such person Complete the table for your the highest compensation from any unrelated organization or individual for the organization. Report compensation from the organization for the calendar year ending with or within the organization at xeyear. (A) None of the calendar year ending with or within the organization than \$100,000 of compensation from the organization. On the compensation from the organization and the compensation from the organization. On the compen			1	-	Cei aii		II ecit)/ ii us	100)						
1b Subtotal		harmatan 8									•			•	
1b Subtotal		note for the property of the p									•	C/			
1b Subtotal			1	ustee	trust		gy.	nedu		•	1099-NEC)		•		
1b Subtotal			1 ~	ual tr	ional		ploye	t con	١.	1099-NEC)					
1b Subtotal			1	divid	stitu	fficer	ey em	ighes	orme				orge	ai iiZutic	J110
c Total from continuation sheets to Part VII, Section A			<u> </u>	=	=	-	×	工 60	ш.						
c Total from continuation sheets to Part VII, Section A				1											
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c Total from continuation sheets to Part VII, Section A						4				7					
c Total from continuation sheets to Part VII, Section A															
c Total from continuation sheets to Part VII, Section A	1b	Subtotal								78,300.		0.			0.
d Total (add lines 1b and 1c)	c	Total from continuation sheets to Part VI	II. Section A		7										0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No										78,300.		0.			0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 7 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from t										eceived more than \$100	,000 of reportable	<u></u>			
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the \$100,000 of compensation from the organization of services		compensation from the organization									•				0
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual for services 5 X														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	3	-			кеу е	emp	loye	e, o	hig	phest compensated emp	loyee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> </u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	•	•							•	•				7.7
rendered to the organization? If "Yes," complete Schedule J for such person	_												4		<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	5	• •	=				-			-			5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	Sec		piete Cericaui	001	0, 00	1011	porc							·	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1											pens	ation f	rom	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.				
\$100,000 of compensation from the organization			address	N	INC	3					ervices	С			า
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization	2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	ore than				
		\$100,000 of compensation from the organi	zation				(0					Eorm	990 (0	oUGG/

Pa	rt V	111			and the Halla David VIIII			
			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(O (O								Sections 512 - 514
anta			Federated campaigns 1a					
D G			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
iai			Related organizations 1d					
ns, Sim			Government grants (contributions) 1e					
utio er (f	All other contributions, gifts, grants, and					
ĘĦ			similar amounts not included above 1f					
ont od (_	Noncash contributions included in lines 1a-1f					
<u>a</u> C		h	Total. Add lines 1a-1f					
				Business Code				
ice	2	а						
erv		b						
n S en		С						
rar Rev		d						
Program Service Revenue		е						
Д			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	,				
			other similar amounts)		3.		3.	
	4		Income from investment of tax-exempt bond	•				
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
eve			Gain or (loss) 7c					
er R			Net gain or (loss)	·····				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	E 6 0 0 7 3				
				569,973.				
				275,839.	204 124			201 121
			Net income or (loss) from fundraising events		294,134.			294,134.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	_				
			Less: direct expenses 9	0				
			· · · · · ·	·····				
	10	а	Gross sales of inventory, less returns					
			and allowances 10					
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory					
sn		_		Business Code				
Miscellaneous Revenue	11							
lla ven		b						
Sce		C	All others was a sur-					
Ξ			All other revenue					
		е	Total. Add lines 11a-11d		294,137.	0.	2	294,134.
	12		Total revenue. See instructions		4J4,13/•	լ ∪.	J .	

2848___1

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	177,666.	177,666.		
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,	70 200		70 200	
	trustees, and key employees	78,300.		78,300.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6 100		6 100	
10	Payroll taxes	6,102.		6,102.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	5				
d	, <u> </u>				
е	ř –				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch O.)	10,820.			10,820
12	Advertising and promotion	30,526.		30,526.	10,020
13	Office expenses	30,320.		30,320.	
14	Information technology				
15	Royalties				
16	Occupancy	8,695.		8,695.	
17	Travel	0,093.		0,093.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			+	
19	Conferences, conventions, and meetings			+	
20 21	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
22 23	· · · · · · · · · · · · · · · · · · ·	2,722.		2,722.	
23 24	Other expenses. Itemize expenses not covered	2,722•		2,722.	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
9	amount, hat him 246 expenses on solicule o.)				
a b					
C					
d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	314,831.	177,666.	126,345.	10,820
25 26	Joint costs. Complete this line only if the organization	,	, 000		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022) Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		424,065.	1	239,880
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri			6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13		Investments - program-related. See Part IV, line 11			
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		101 055	15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	424,065.	16	239,880
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su				
ă		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela	The state of the s		24	
	25	Other liabilities (including federal income tax,	•			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X	0		2 712
				0.	25	3,712 3,712
	26	Total liabilities. Add lines 17 through 25		0.	26	3,712
es		Organizations that follow FASB ASC 958, o	eneck nere			
Š	07	and complete lines 27, 28, 32, and 33.			07	
3ale	27	Net assets without donor restrictions			27	
β	28	Net assets with donor restrictions			28	
Ξ		Organizations that do not follow FASB ASC	, 958, check here			
Net Assets or Fund Balances	20	and complete lines 29 through 33.	de	0.	20	0
ets	29	Capital stock or trust principal, or current fund		0.	29 30	0
ASS	30	Paid-in or capital surplus, or land, building, or	F	424,065.	31	236,168
Et /	31	Retained earnings, endowment, accumulated		424,065.	32	236,168
Z	32	Total net assets or fund balances		424,065.	33	239,880
	00	TOTAL HADIILIES AND HEL ASSELS/TUND DAIGNICES		121,000	33	Form 990 (2022

Pa	rt 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				<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				31.
3	Revenue less expenses. Subtract line 2 from line 1	3			•	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		124	1,0	65.
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	-	L6'	7,2	03.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		236	5,1	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
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 reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CLAIRE'S PLACE FOUNDATION, INC.

Employer identification number

-*3459 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support	71	•	,				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	,	()	()	. ,	. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	546,588.	433,658.	369,244.	687,422.		2,036,912.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	546,588.	433,658.	369,244.	687,422.		2,036,912.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
	Public support. Subtract line 5 from line 4.						2,036,912.	
Sec	ction B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 687,422.	(e) 2022	(f) Total	
7	Amounts from line 4	546,588.	433,658.	369,244.	687,422.		2,036,912.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						2,036,912.	
12	Gross receipts from related activities,					12		
13	•	-	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3)		
<u> </u>	organization, check this box and stor							
	ction C. Computation of Publ			. (0)			100.00 %	
	Public support percentage for 2022 (14	4 0 0 0 0	
	Public support percentage from 2021					15	,,,	
16a	33 1/3% support test - 2022. If the c	•		•		•		
	stop here. The organization qualifies							
D	33 1/3% support test - 2021. If the constant test support	-						
47-	and stop here. The organization qual							
1/a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact			=		_		
	meets the facts-and-circumstances to			*	-	17- and line 15:		
b	10% -facts-and-circumstances tes	ū				•		
	more, and if the organization meets the				-			
10	organization meets the facts-and-circ							
Ιδ	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

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	qualify under the tests listed beating A. Public Support	elow, please com	iplete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
16	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
	Gross income from interest,						
	dividends, payments received on	`					
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	and the line of 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section		ion
•	check this box and stop here	ŭ		ŕ			
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					'	
17	Investment income percentage for 20	22 (line 10c, colu	ımn (f), divided by	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
SD		
3с		
4a		
4 a		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b	000	

2848 1

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	a		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
	and or type in emphasions or game and its		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
	and the supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (so	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally		ated Type III supporting orga	anization (see
	instructions).	9.	,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•

Schedule A (Form 990) 2022

Sche	t V Type III Non-Functionally Integrated 509		INC. anizations		^-^^3459 Page 7
	ion D - Distributions	(u)(o) oupporting orge	continu	jea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	mot nurnoses		1	Curront rour
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
	From 2018				
	From 2019				
	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Evenes from 2000				

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CLAIRE'S PLACE FOUNDATION, INC.

Employer identification number **-***3459

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bener devised failes	(b) Funds and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets hold in donor advi	isod funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
O	for charitable purposes and not for the benefit of the donor of	· ·	
		* * *	
Par		panization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organizat		T 4.1.1.1, m.o.7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Troscivation o	Ta dominica motorio strastare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	illed deliber valleri della illedateri illi arie remi	Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		gg
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u>.</u>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

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Par	t III Organizations Maintaining C	collections of A	rt, Historica	l Treasures,	or Other	r Similar <i>I</i>	Assets(d	continue	d)
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):								
а	Public exhibition	d	I 🔲 Loan o	r exchange progi	ram				
b	Scholarly research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization	n's collection?			Y	es [<u>No</u>
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organi	zation answered	"Yes" on F	orm 990, Pa	ırt IV, line	9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contrib	utions or other a	ssets not ir	ncluded		_	
	on Form 990, Part X?						L Y	es	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						
							An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow	or custodial acc	ount liabilit	y?	📖 Y	es [No
	If "Yes," explain the arrangement in Part XIII.							L	
Par	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior yea	ar (c) Iwo yea	ars back (c	d) Three years	back (e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, colu	mn (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and administ	ered for the	е		1	
	organization by:						[-	Ye	es No
	(i) Unrelated organizations							Ba(i)	
	(ii) Related organizations							a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza			e H?			L	3b	
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Fai	Complete if the organization answere		Dart IV line 1	1a Soo Form 00	n Dart V li	no 10			
	· · · · · · · · · · · · · · · · · · ·		<u> </u>		1		(4)	Daalini	-1
	Description of property	(a) Cost or o basis (investr		Cost or other asis (other)	1 ' '	cumulated reciation	(a)	Book va	alue
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other			· · · · · · · · · · · · · · · · · · ·					
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B),	line 10c.)					0.
						<u> </u>	a alcola D /		

Schedule D (Form 990) 2022

Schedule D (Form 990) 202	CHAIRE 9	FUACE	FOUNDATION,	TIAC.	
Part VII Investment	ts - Other Securities	.			

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)		A	
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part V line 25	
. (a) Description of liability	0111 01111 000, 1 art 14, 1111		(b) Book value
(1) Federal income taxes			(L) Look value
(2) CREDIT CARDS PAYABLE			3,712
(3)			-,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line			3,712
Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements t	hat reports the
organization's liability for uncertain tax positions under	EASE ASC 740 Chock I	acro if the text of the feetnets has been pr	ovided in Bort VIII

232053 09-01-22

Sche	edule D (Form 990) 2022 CLAIRE'S PLACE FOUN	DATION, INC.	**-***3459 Page	. 4
	rt XI Reconciliation of Revenue per Audited Financi			_
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	ents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	,	4b		
_	Add lines 4a and 4b			_
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XII Reconciliation of Expenses per Audited Finance			_
га	Complete if the organization answered "Yes" on Form 990, Pa	_	ses per neturn.	
1	Total expenses and losses per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			_
a		2a		
b				
c	0.1			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			_
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines		art V, line 4; Part X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional information.		
				_
				_
				_
				_
				_
				_
				_
				_

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2022

Internal Revenue Service Name of the organization Employer identification number **-***3459 CLAIRE'S PLACE FOUNDATION, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants Solicitation of government grants h Internet and email solicitations g X Special fundraising events ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) CLAIRITY BALL - 101 WILSHIRE THIS EVENT IS FOR CYSTIC Yes No BLVD, SANTA MONICA, CA 90401 FIBROSIS COMMUNITY X 245,816 0 245,816. GLOW RIDE - 1 PIER AVENUE. THIS EVENT IS FOR CYSTIC HERMOSA BEACH, CA 90254 FIBROSIS COMMUNITY x 54,799 0 54,799. 300,615 300 615. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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

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

		of fundraising event contributions and gr	oss income on Form 990	I-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			THIS EVENT	THIS EVENT	NONE	
			IS FOR CYSTI	IS FOR CYSTI		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue			71 7	(), ,	,	
ver	4	Gross receipts	245,816.	54,799.		300,615.
Re	'	dross receipts	243,010.	34,733.		300,013.
	2	Less: Contributions				
		0	245,816.	54,799.		300,615.
	3	Gross income (line 1 minus line 2)	243,010.	34,133.		300,013.
		Ocal asima				
	4	Cash prizes				
	_	N				
Ś	5	Noncash prizes				
nse		Double - Who are to				
фе	6	Rent/facility costs				
Direct Expenses	_			<u> </u>		
irec	7	Food and beverages				
	_		150 021	850.		160 771
		Entertainment	159,921. 2,076.	1,841.		160,771.
	9	Other direct expenses				164,688.
		Direct expense summary. Add lines 4 through	. ,			135,927.
Do	rt I	Net income summary. Subtract line 10 from li				133,341.
Га	ונו		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(a) Takal manain a (a alal
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				bingo/progressive bingo		coi. (a) through coi. (c)
Re						
	1	Gross revenue				
		Ocal asima				
ses	2	Cash prizes				
ens	_	Namanala milina				
Direct Expenses	3	Noncash prizes				
əct	_	Dept/facility agets				
Ę	4	Rent/facility costs				
	_	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Valuatoriahor		<u> </u>	No No	
	6	Volunteer labor	∟ No	└── No	L NO	
	7	Direct expense summary. Add lines 2 through	a E in column (d)			
	′	bliect expense summary. Add lines 2 tillougi	13 II1 Column (a)			
	٥	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line 7	nonnine i, column (d)			
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a		etatos?		Yes No
		No," explain:				163110
IJ	"	170, CAPIGITI.				
10a	We	ere any of the organization's gaming licenses re	evoked suspended orta	erminated during the tax	vear?	Yes No
		Yes," explain:			, ,	
~		, 				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	redule G (Form 990) 2022 CLAIRE'S PLACE FOUNDATION, INC.	^^34	159	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
		13b		//
	o An outside facility	ISD		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	຺ ∟ ۲	'es	└── No
		-		
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
,	c If "Yes," enter name and address of the third party:			
	s in res, entername and address of the tillid party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	daming manager compensation ————			
	Description of any isos muscided			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		'es	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
	·			
Da	organization's own exempt activities during the tax year \$ INTERMITED Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		0) _h 10 _h
ГС		rt III, IIIIE	28 9,	<i>3</i> D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990) CLAIRE S PLACE FOUNDATION, INC.	**-***3459 Page 4
Part IV Supplemental Information (continued)	

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Open to Public Inspection

Name o	of the organization		INTO A DET CALL TAX	ī				Employer identification number **-**3459
Part I			NDATION, IN	iC.				* * - * * * 3439
	oes the organization maintain records		e amount of the grants	or assistance the	arantees' eligibilit	v for the grants or ass	sistance, and the selec	tion
	riteria used to award the grants or assis							
2 D	escribe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States			
Part II						anization answered "\	Yes" on Form 990, Par	t IV, line 21, for any
	recipient that received more than							•
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table				
3 E	nter total number of other organization:	s listed in the line	1 table					

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

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS ORGANIZATIONS					
	0	0.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, Iir	ne 2; Part III, column	(b); and any other a	dditional information.	

SCHEDULE 0 (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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLAIRE'S PLACE FOUNDATION, INC.

Employer identification number **-***3459

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND OTHER LIFE THREATENING DISEASES, AS WELL AS THEIR FAMILIES FOR
THE PURPOSE OF IMPROVING THEIR QUALITY OF LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST.

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

Schedule O (Form 990) 2022

TAXABLE YEAR

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

202	Annual Information Return			199
Calendar Yea	r 2022 or fiscal year beginning (mm/dd/yyyy) , ;	and ending (mm/dd/y	ууу)	
Corporation/Or	panization name	C	alifornia corpora	tion number
CT 3 TD 5	LG DIAGE FOINDARION ING		22570	٥٦
	nation. See instructions.		33570 FEIN	95
Additional infor	iation. See instructions.	'	**_**	*3/59
Street address	suite or room)		PMB no.	3439
	RTESIA BOULEVARD, NO. 819			
City		State	ZIP code	
REDONI	O BEACH	CA	90278	
Foreign country	name Foreign province/state/county	•	Foreign post	tal code
A First retu				
B Amende	d return Yes X No not reported	to the FTB? See insti	ructions	• Yes X No
	ion 4947(a)(1) trust Yes X No J If exempt un			
D Final info		political activities? Sec ization exempt under		
Cotou data	, , ,	er the gross receipts fi		•
		ization a limited liabili		
		nization file Form 100		
		le income?		
G Is this a	group filing? See instructions ● L Yes LX No N Is the organ	ization under audit by	the IRS or ha	as the
H Is this or		in a prior year?		
If "Yes,"		orm 1023/1024 pendir	ng?	Yes X No
	Date filed wi	ith IRS		
Part I	Complete Part I unless not required to file this form. See General Information B and	C		
Parti	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1 569,976 00
				2 00
			_	3 00
D '- t .	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
Receipts and	This line must be completed. If the result is less than \$50,000, see General Info	ormation B	•	4 569,976 00
Revenues		5	00	
nevenues	6 Cost or other basis, and sales expenses of assets sold	6	00	
	7 Total costs. Add line 5 and line 6			7 00
	8 Total gross income. Subtract line 7 from line 4		_	8 569,976 ₀₀
Expenses		 n		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Total payments 			11 00
	12 Use tax. See General Information K		·····	12 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13 00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14 00
	15 Penalties and interest. See General Information J			15 00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules.	uloo and atatamanta and		16 00
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information	tion of which preparer has	any knowledge	
Here	Title Signature .	Date	•	Telephone
	Signature of officer ► CHIEF E	EXECUTIV		310-922-6827
	Preparer's signature	Chec self-	ck if employed	P00055182
Paid	signature Firm's name	3011	,p.10,500	● Firm's FEIN
Preparer's	(or yours, NAROLD KERN CPA TNC			**-***7839
Use Only	employed) 9100 WILSHIRE BLVD. SUITE 333E			Telephone
	and address BEVERLY HILLS, CA 90212-3415			310.205.2333
	May the FTB discuss this return with the preparer shown above? See instructions		•X	Yes No

228951 01-10-23

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

								$\overline{}$		ECO 0 B O	_
	1	Gross sales or receipts from all be						-		569,973	00
	2	Interest								3	00
	3	Dividends					•	3			00
Receipts	4	Gross rents						4			00
from	5	Gross royalties						5			00
Other	6	Gross amount received from sale	of assets (See ins	structions)			•	6			00
Sources	7						•	7		F.CO. 007.0	00
	8	Total gross sales or receipts from			•			8		569,976	
	9	Contributions, gifts, grants, and s						9		177,666	00
	10	Disbursements to or for members	3				•	10		70 200	00
	11	Compensation of officers, directo						11		78,300	00
	12	9						12			00
Expenses	13	Interest						13		<u> </u>	00
and	14	Taxes						14		6,102	-
Disburse-	15	Rents					•	15			00
ments	16	Depreciation and depletion (See in	nstructions)			ODD ODA	•	16		220 600	00
	17	Other expenses and disbursemen	its			SEE STA	TEMENT Z •	17		328,602	
<u> </u>		Total expenses and disbursemen						18		590,670	00
Schedu	le L	Balance Sheet		ginning of t	axable y			d of tax	able yea		
Assets			(a)			(b)	(c)			(d)	000
1 Cash						424,065			•	239,8	880
		receivable							•		
		ceivable			_4				•		
									•		
		state government obligations							•		
		in other bonds							•		
		in stock							•		
8 Mortga	•								•		
9 Other i									•		
10 a Depi			/		_		1	١			
		mulated depreciation	(,			(
									•		
						424,065			•	239,8	000
						424,000				439,0	000
Liabilities :		_							_		
		yable							•		
		s, gifts, or grants payable							•		
		otes payable							•		
10 Other I	iyes p iabiliti	ayable es STMT 3							•	3,7	712
									_	3,7	12
		or principal fundtal surplus. Attach reconciliation							•		
		nings or income fund				424,065			•	236,1	68
		ies and net worth				424,065				239,8	880
		I-1 Reconciliation of income p	er hooke with inc	ome ner rei	urn	121,005				233,0	,,,,
ooneaa		Do not complete this sched				3, column (d), is les	s than \$50,000.				
1 Net inc	ome r	per books		-20,6		Income recorded					
2 Federa				-			is return. Attach schedu	ıle	•		
		pital losses over capital gains			─		s return not charged	•••			
		ecorded on books this year.				against book inco	=				
		lule	•			•	·····		•		
		corded on books this year not			9		and line 8				
		this return. Attach schedule			10	Net income per re					
		ne 1 through line 5	—	-20,6	94	Subtract line 9 fro				-20,6	94

CA 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 1
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MELISSA J NORDQUIST 2110 ARTESIA BOULEVARD, 819 REDONDO BEACH, CA 90278	CHIEF EXECUTIVE OFFICER 40.00	0.
MELISSA J NORDQUIST 2110 ARTESIA BOULEVARD, 819 REDONDO BEACH, CA 90278	SECRETARY 5.00	0.
PATRICIA DIXON 2110 ARTESIA BOULEVARD, 819 REDONDO BEACH, CA 90278	TREASURER 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.
CA 199 OTHER	EXPENSES	STATEMENT 2
DESCRIPTION		AMOUNT
DIRECT EXPENSES OF FUNDRAISING EVENTS ADVERTISING AND PROMOTION OFFICE EXPENSES TRAVEL INSURANCE		275,839. 10,820. 30,526. 8,695. 2,722.
TOTAL TO FORM 199, PART II, LINE 17		328,602.
CA 199 OTHER	LIABILITIES	STATEMENT 3
DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARDS PAYABLE	0.	3,712.

Date Accepted

TAXABLE YEAR Ca

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exe	npt Org	ganization name	lo lo	dentifying number	
CI	ΔI	RE'S PLACE FOUNDATION,	INC.	**-***345	59
Pa	rt I	Electronic Return Information (whole dollar	ars only)		
1	Tota	al gross receipts (Form 199, line 4)		1	569,976
2					569,976
3			ne 9)		590,670
— Pai	rt II	Settle Your Account Electronically for Tax	xable Year 2022		
4		Electronic funds withdrawal 4a Amour	nt 4b Withdrawal date (mm/dd/yyy	yy)	
Pa	rt III	Banking Information (Have you verified the	e exempt organization's banking information?)		
5	Rout	ting number			
6	Acco	ount number	7 Type of account: Checking	Savings	
Pa	rt IV	Declaration of Officer			
	thorize ine 4a		s designated in Part II. If I check Part II, box 4, I authorize an electronic fund	ls withdrawal for th	ne amount listed
trar Cali a ba org stat	ismitte fornia alance anizati ement	er, or intermediate service provider and the amounts electronic return. To the best of my knowledge and due return, I understand that if the Franchise Tax B ion will remain liable for the fee liability and all applic ts be transmitted to the FTB by the ERO, transmitter	e above exempt organization and that the information I provided to my elect is in Part I above agree with the amounts on the corresponding lines of the ed belief, the exempt organization's return is true, correct, and complete. If the loard (FTB) does not receive full and timely payment of the exempt organization cable interest and penalties. I authorize the exempt organization return and are, or intermediate service provider. If the processing of the exempt organization reduced the reason(s) for the delay.	exempt organizatio e exempt organiza ation's fee liability, i accompanying sch	n's 2022 ´´ tion is filing the exempt iedules and

Sign Here

Signature of officer	Date

CHIEF EXECUTIVE OFFICER

| Check if

I Check

Title

| Date

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will flile with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	signature			also paid preparer X	if self- employe	P00055182				
Must	Firm's name (or yours if self-employed)	HAROLD KERN CPA INC				Firm's FEIN **-***7839				
Sign	and address	9100 WILSHIRE BLVD. SUI	TE 333E							
		BEVERLY HILLS, CA				ZIP code 90212-3415				
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.										
Paid Prepa	Paid preparer's signature		Date	Chec if sel emp		Paid preparer's PTIN				
Must	Firm's name (or yours if self-employed)	Firm's FEIN								
Sign	and address									
						ZIP code				

FTB 8453-EO 2022

| ERO's PTIN