

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> The Everychild Foundation Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 956 Corsica Drive City or town, state or province, country, and ZIP or foreign postal code Pacific Palisades, CA 90272 <b>F Name and address of principal officer:</b> Jacqueline Caster same as C above	<b>D Employer identification number</b> 31-1693985 <b>E Telephone number</b> (310) 573-2153 <b>G Gross receipts \$</b> 1,263,748. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> <a href="http://www.everychildfoundation.org">www.everychildfoundation.org</a>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1999 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>To raise funds for distribution to entities and organizations devoted to improving the prospects and</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	125
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	1,246,599.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	431.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	1,247,030.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	1,417,079.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>13,460.</b>	<b>b</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	160,659.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	1,577,738.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	-330,708.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	695,186.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	0.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	695,186.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Doreen Gelfand, Treasurer</b>	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Sean E. Cain, CPA</b>	Preparer's signature	Date
	Firm's name <b>Harrington Group, CPAs, LLP</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01612986</b>
	Firm's address <b>2698 Mataro Street Pasadena, CA 91107</b>	Firm's EIN <b>95-4557617</b>	Phone no. (626) <b>403-6801</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To raise funds for distribution to entities and organizations devoted to improving the prospects and easing the suffering of children affected by conditions like poverty, illness, injury, abuse, and neglect.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program 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 \$ 1,321,021. including grants of \$ 1,218,451. ) (Revenue \$ ) The Everychild Foundation ("the Foundation") was formed in 1999 and began operations in July 2000. It was established to raise funds for distribution to entities and organizations devoted to improving the prospects and easing the suffering of children affected by conditions such as illness, injury, abuse, poverty, and neglect. In addition, the Foundation was born out of the belief that a small committed group of women can produce an immediate, tangible impact in the lives of local children without the tremendous commitment of time, energy, and money that most charities invest in annual fundraising activities.

The Foundation takes a unique approach to philanthropy. (Continuation on Schedule O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,321,021.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.	12	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent	12	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		X
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**Jacqueline Caster - (310) 573-2153**  
**956 Corsica Drive, Pacific Palisades, CA 90272**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jacqueline Caster Founder and President	20.00	X		X				0.	0.	0.
(2) Nancy Stark Secretary	1.00	X		X				0.	0.	0.
(3) Doreen Gelfand Treasurer	2.50	X		X				0.	0.	0.
(4) Kristie Hubbard Member at Large	4.00	X						0.	0.	0.
(5) Michelle Katz Membership Co-Chair	2.00	X						0.	0.	0.
(6) Wendy Kirshner Grant Monitoring Committee Chair	4.00	X						0.	0.	0.
(7) Michele Lynch Membership Co-Chair	2.00	X						0.	0.	0.
(8) Helen Palmer Grant Screening Board Chair	2.00	X						0.	0.	0.
(9) Ande Rosenblum Grant Outreach Committee Chair	5.00	X						0.	0.	0.
(10) Lauren Smith Policy & Activism Committee Chair	2.00	X						0.	0.	0.
(11) Lauren Turner Past Grant Screening Board Chair	2.00	X						0.	0.	0.
(12) Robin Venturelli Communications Committee Chair	2.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	1,154,087.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	108,469.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 37,301.				
	<b>h Total.</b> Add lines 1a-1f .....		1,262,556.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,192.			1,192.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			1,263,748.	0.	0.	1,192.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,218,451.	1,218,451.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	29,080.		29,080.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	102,000.	102,000.		
<b>12</b> Advertising and promotion	551.		551.	
<b>13</b> Office expenses	13,686.	570.	7,642.	5,474.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	2,040.		2,040.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>Dues and subscriptions</b>	5,463.		5,463.	
<b>b</b> <b>Membership activities</b>	4,286.			4,286.
<b>c</b> <b>Other expense</b>	3,895.		3,814.	81.
<b>d</b> <b>Merchant fees</b>	3,619.			3,619.
<b>e</b> All other expenses	645.		645.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,383,716.	1,321,021.	49,235.	13,460.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	687,956.	<b>1</b>	574,068.
	<b>2</b> Savings and temporary cash investments .....	6,080.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,150.	<b>9</b>	1,150.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	695,186.	<b>16</b>	575,218.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	0.	<b>26</b>	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	455,111.	<b>27</b>	452,646.
	<b>28</b> Net assets with donor restrictions .....	240,075.	<b>28</b>	122,572.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32 Total net assets or fund balances</b> .....	695,186.	<b>32</b>	575,218.
<b>33 Total liabilities and net assets/fund balances</b> .....	695,186.	<b>33</b>	575,218.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,263,748.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,383,716.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-119,968.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	695,186.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	575,218.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,214,946.	1,280,355.	1,361,561.	1,246,599.	1,262,556.	6,366,017.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,214,946.	1,280,355.	1,361,561.	1,246,599.	1,262,556.	6,366,017.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						6,366,017.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	1,214,946.	1,280,355.	1,361,561.	1,246,599.	1,262,556.	6,366,017.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	10,337.	19,840.	11,330.	431.	1,192.	43,130.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						6,409,147.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.33 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	99.11 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**The Everychild Foundation**

Employer identification number

**31-1693985**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>The Everychild Foundation</b>	Employer identification number  <b>31-1693985</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Marcia Howard Trust <hr/> 630 Cascada Way <hr/> Los Angeles, CA 90049	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>The Everychild Foundation</b>	Employer identification number  <b>31-1693985</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization  <b>The Everychild Foundation</b>	Employer identification number  <b>31-1693985</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>The Everychild Foundation</b>	Employer identification number <b>31-1693985</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		458.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			458.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

The organization, through the use of volunteer time, sends letters, calls legislators and meets with government officials and their staff to advocate on behalf of specific bills benefiting children. The organization does not provide financial or other support to political candidates.

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

2022

Open to Public Inspection

Name of the organization The Everychild Foundation Employer identification number 31-1693985

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts required to be reported.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_ %
  - b** Permanent endowment \_\_\_\_\_ %
  - c** Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... **0.**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,272,494.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	8,746.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,746.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,263,748.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,263,748.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,392,462.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	8,746.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	8,746.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,383,716.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,383,716.

**Part XIII Supplemental Information.**

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

**Part X, Line 2:**

The Foundation is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by the Foundation in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. The Foundation's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **The Everychild Foundation** Employer identification number **31-1693985**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
Child & Family Center 21545 Centre Pointe Pkwy Santa Clarita, CA 91350	95-3941342	501(c)3	250,000.	0.			Covid 19 Recovery
Adobe Communities 1149 S. Hill Street Ste 700 Los Angeles, CA 90015	95-4586463	501(c)3	250,000.	0.			Covid 19 Recovery
Schools on Wheels 600 East 7th St. Ste 109 Los Angeles, CA 90021	95-4422640	501(c)3	250,000.	0.			Covid 19 Recovery
New Village Girls Academy 147 N. Occidental Blvd. Los Angeles, CA 90026	95-3810480	501(c)3	250,000.	0.			Covid 19 Recovery
Homeboy Industries 130 Bruno Street Los Angeles, CA 90012	95-4800735	501(c)3	118,451.	0.			Purchase and renovation of a facility to create the first Homeboy Industries Youth Re-Entry
Hope Street Margolis Family Center 1401 South Grand Ave. Room 302 Los Angeles, CA 90015	95-4000909	501(c)3	25,000.	0.			Special Recognition Grant

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **9.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2022  
See Part IV for Column (h) descriptions

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
Communities in Schools of LA 7381 La Tijera Blvd. Ste. 451 Los Angeles, CA 90045	26-0404220	501(c)3	25,000.	0.			Special Recognition Grant
Boys & Girls Club of LA Harbor 1200 South Cabrillo Ave. San Pedro, CA 90731	95-1661682	501(c)3	25,000.	0.			Special Recognition Grant
St Johns Well Child 808 West 58th St. Los Angeles, CA 90037	95-4067758	501(c)3	25,000.	0.			Special Recognition Grant

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

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

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

Part I, Line 2:

The grant recipient is chosen by a vote of the entire foundation membership after the Grant Screening Board has carefully screened a roster of candidates. Once chosen, their grant is monitored against the intended purpose stated in their contract by our Grant Monitoring Committee.

Part II, line 1, Column (h):

Name of Organization or Government: Homeboy Industries

(h) Purpose of Grant or Assistance: Purchase and renovation of a



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **The Everychild Foundation** Employer identification number **31-1693985**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	36,655.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( Office supplies )	X	3	645.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

The number of donations is determined by the number of donors.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

The Everychild Foundation

Employer identification number

31-1693985

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

easing the suffering of children affected by conditions like poverty,  
illness, injury, abuse, and neglect.

Form 990, Part III, Line 4a, Description of Program Service:

The Foundation is a non-profit public benefit organization, with  
participation open to all women in the Los Angeles area who currently  
contribute annual donations of \$6,000. In 2006, the Foundation reached  
its goals of 225 participants and a grant of \$1 million. The Foundation  
was named the "Outstanding Private or Community Foundation" in Los  
Angeles for 2004 by the Association of Fundraising Professionals and  
received the Women of Distinction Award from law firm Alston & Bird in  
2013.

In recognition for her achievements as Founder and President of the  
Foundation, Jacqueline Caster was the recipient of the Humanitarian  
Award for three organizations: First Star in 2004, The Optimist Youth  
Home in 2005, and Shane's Inspiration in 2006. She was also named Santa  
Monica/Westside YWCA Woman of the Year for 2005 and was awarded the  
Silver Shingle Alumni Award for Distinguished Service to the Community  
from Boston University School of Law. She has also been honored by  
Loyola Law School in Los Angeles with the Sister Janet Harris Juvenile  
Advocate Award and received the 2011 Momentum Award from the Women's  
Foundation of California. Additionally, she was named 2017 Woman of the  
Year for California's 26th Senate District by Senator Ben Allen.

Name of the organization

The Everychild Foundation

Employer identification number

31-1693985

The annual grant is made in support of a project that will profoundly help local children facing disease, abuse, neglect, poverty, or disability. The grant recipient is chosen by a vote of the entire Foundation membership from a roster of carefully screened candidate projects.

The Foundation salons are held two to four times a year; outside expert speakers are brought in to inform the Foundation participants on highly topical children's issues. Activities such as recruitment breakfasts and salons are funded entirely through non-participant cash contributions, in-kind donations, and earned income. Foundation activities, the Foundation administration, and the grant process are staffed by unpaid Foundation volunteers, with the assistance of a grant consultant, enabling the Foundation to keep administrative costs low.

The Foundation has made the following grants:

1) 2000: QueensCare - \$230,000

Purchase and equip the first mobile dental clinic to serve 30 low-income elementary schools in LAUSD.

2) 2001: Wonder of Reading - \$385,000

Renovation and restocking of 15 elementary school libraries and creation of replicable model.

3) 2002: Violence Intervention Program - \$600,000

Renovation of a building to create a permanent center for the psychological care of physically and sexually abused children.

Name of the organization

The Everychild Foundation

Employer identification number

31-1693985

4) 2003: Optimist Youth Homes - \$630,000

Construction of youth learning center for abused, neglected, and other at-risk children.

5) 2004: Hillside - \$715,000

Establish transitional housing program for emancipated foster youth that provides them with skills and resources.

6) 2005: Los Angeles Orthopaedic Hospital - \$925,000

Construction of universally accessible playground at orthopedic pediatric outpatient clinic.

7) 2006: Heart of Los Angeles Youth - \$1,000,000

Renovation of Lafayette Park Community Center to improve space for free, after-school programming in Rampart District.

8) 2007: Mar Vista Family Center - \$1,000,000

Construction of Youth Center to house "By Youth For Youth," a youth-led leadership and mentoring program in Mar Vista.

9) 2008: St. John's Well Child & Family Center - \$1,000,000

Expansion of "Healthy Homes, Healthy Kids," an environmental health project targeting asthma and lead poisoning.

10) 2009: South Bay Center for Counseling - \$1,000,000

Implementation of "Youth Career Pathways" job training program, placing at-risk teens in living wage jobs.

Name of the organization

The Everychild Foundation

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11) 2010: Boys & Girls Clubs of LA Harbor - \$1,000,000

Expansion of College-Bound Program to help at-risk teens graduate from high school and get to college.

12) 2011: Centinela Youth Services - \$1,000,000

Launch a Restorative Justice Center to divert high-risk teens from the juvenile justice system.

13) 2012: Public Counsel/Alliance for Children's Rights - \$1,000,000

Create the "Families Forever Project" to provide comprehensive legal and social services to adoptive and guardianship families.

14) 2013: The Children's Clinic - \$1,000,000

Launch of Bright Beginnings Pilot, to identify and address the effects of toxic stress on children 0-5 and pregnant mothers.

15) 2014: 1736 Family Crisis Center - \$1,000,000

Renovation of a new facility for an emergency youth shelter program, serving homeless and at-risk girls and boys 10-17.

16) 2015: The Whole Child - \$1,000,000

Creation of the Everychild Foundation Family Housing Program to permanently house and stabilize homeless families with children.

17) 2016: Richstone Family Center - \$1,000,000

Creation of The Everychild Foundation Healing Center to provide children and their families with child abuse treatment programs and

Name of the organization The Everychild Foundation	Employer identification number 31-1693985
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help alleviate the risk for future abuse.

18) 2017: Center for Juvenile Law & Policy at Loyola Law School, Los Angeles - \$1,000,000 - Launch of the Everychild Integrated Educational and Legal Advocacy Project to provide legal and educational representation for "crossover youth" in order to stop the school to prison pipeline.

19) 2018: Didi Hirsch Mental Health Services - \$1,000,000  
Grant to support the expansion of its successful suicide prevention program. The program will be named the Everychild Suicide Prevention Program.

20) 2019 Homeboy Industries - \$1,000,000  
Purchase and renovation of a facility to create the first Homeboy Industries Youth Re-Entry Center: A Home for Every Child, providing program support for youth, ages 14-21, who are re-entering the community.

21) 2019 Baby2Baby - \$100,000  
The first runner-up grant awarded by the Foundation. The Everychild Foundation Special Recognition Grant will support Baby2Baby's ongoing efforts to provide the children they serve with diapers and other basic essentials throughout Los Angeles County.

22) Everychild 2020 Grant: COVID-19 Emergency Relief Recipients - \$125,000 each  
Alliance for Children's Rights

Name of the organization

The Everychild Foundation

Employer identification number

31-1693985

Protects the rights of children in poverty and those overcoming abuse and neglect.

CASA of Los Angeles

Mobilizes community volunteers to advocate for children and youth who have experienced abuse and neglect.

Harbor Community Clinic

Provides low-cost and no-cost health services to residents with low incomes and their families and those whose employers do not provide health insurance coverage.

LA Family Housing

Helps families transition out of homelessness and poverty through a continuum of housing enriched with supportive services.

Pacific Clinics

Delivers quality behavioral and mental healthcare services to children, youth, adults and their families.

Peace Over Violence

Builds healthy relationships, families and communities free from sexual, domestic and interpersonal violence.

United Friends of the Children

Empowers current and former foster youth to self-sufficiency through service-enriched education and housing programs, advocacy and consistent relationships with a community of people who care.

Wellnest

Provides hope, healing and opportunity to the children, young adults, families and communities they serve.

23) Everychild 2021 Grant: COVID Recovery Grants - \$250,000 each

Antelope Valley Partners for Health

Name of the organization

The Everychild Foundation

Employer identification number

31-1693985

Educates, strengthens and advocates for the community through services and partnerships, with the vision that all children, families and individuals in the Antelope Valley have optimal psychosocial, physical and environmental health.

Child Development Institute

Helps all children reach full potential by supporting the relationships and environments that shape early development.

Covenant House

Provides housing and supportive services to youth facing homelessness helping them transform their lives and putting them on a path to independence.

Jenesse Center

Works locally, nationally and globally to shine light on violence against women, girls, men and boys and advocates for the basic human right to have peace in their homes and relationships offering services and transitional shelters as well as education and resources.

24) Everychild Special Recognition Grants - \$25,000 each

Clinica Msr. Oscar A. Romero

Provides quality, affordable and culturally sensitive health care and other services to the underserved communities of Greater Los Angeles regardless of ability to pay.

Extraordinary Families

Helps children and youth in foster care to have the childhoods and futures they rightfully deserve.

No Limits for Deaf Children and Families

Teaches underserved deaf children and their families the skills to succeed in school and in life through after-school educational centers

Name of the organization The Everychild Foundation	Employer identification number 31-1693985
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and distinguished theatre arts programs, promotion advocacy and awareness worldwide.

Strength United

Helps children and youth in foster care to have the childhoods and futures they rightfully deserve.

25) Everychild 2022 Grant: COVID Recovery Grants - \$250,000 each

Abode Communities

Creates service-enhanced affordable housing and socially beneficial community facilities that promote social, economic and physical transformations in underserved communities.

Child & Family Center

Provides quality care and services related to behavioral health, substance abuse and domestic violence.

New Village Girls Academy

Provides quality educational opportunities for girls who have not been successfully served in traditional public schools.

School on Wheels

Seeks to enhance educational opportunities for children experiencing homelessness from kindergarten through twelfth grade.

26) Everychild Special Recognition Grants - \$25,000 each

Boys & Girls Club of LA Harbor

Seeks to help young people to reach their full potential as productive caring and responsible citizens through commitment to arts, academic and athletic programs in a safe nurturing and inspiring environment.

Communities in Schools of LA

Seeks to surround students with a community of support, empowering them

Name of the organization The Everychild Foundation	Employer identification number 31-1693985
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to stay in school and to achieve in life.

Hope St. Margolis Family Center/CA Hospital Medical Center Foundation

Seeks to address the social deterrents of health through a continuum of care that includes health screening, mental health, literacy, early childhood education, early intervention, child welfare, youth and social services.

Form 990, Part VI, Section A, line 6:

Membership is open to all women in the Los Angeles area who contribute annual contributions of \$6,000 enabling the Foundation to make an annual grant of \$1,000,000 as well as a secondary "runner-up" grant.

Form 990, Part VI, Section A, line 7a:

Jacqueline Caster is the sole member of the corporation and nominates and elects the executive board and the committee chairs.

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

The draft of the Form 990 will be distributed to the members of the governing body prior to its submission. If there are any issues/questions, the Treasurer will discuss them with the accounting firm for resolution.

Form 990, Part VI, Section B, Line 12c:

The board members complete a conflict of interest policy annually.

Form 990, Part VI, Section B, Line 15:

Everychild has no paid officers or employees. The organization is run by volunteers.

Name of the organization <b>The Everychild Foundation</b>	Employer identification number <b>31-1693985</b>
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Form 990, Part VI, Section C, Line 19:

The organization's governing documents and financial statements are available to the public upon request. This information is also available on our website as well as on Guidestar (where we have been awarded Gold status).

# California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

**THE EVERYCHILD FOUNDATION**

2182361

Additional information. See instructions.

FEIN  
31-1693985

Street address (suite or room)

956 CORSICA DRIVE

PMB no.

City

PACIFIC PALISADES

State

CA

ZIP code

90272

Foreign country name

Foreign province/state/country

Foreign postal code

- A First return  Yes  No
- B Amended return  Yes  No
- C IRC Section 4947(a)(1) trust  Yes  No
- D Final information return?
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date: (mm/dd/yyyy) •
- E Check accounting method: (1)  Cash (2)  Accrual (3)  Other
- F Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series
- G Is this a group filing? See instructions  Yes  No
- H Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?

- I Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No
- J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No
- K Is the organization exempt under R&TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$  Yes  No
- L Is the organization a limited liability company?  Yes  No
- M Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No
- N Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- O Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,192	00	
	2	Gross dues and assessments from members and affiliates	2	1,154,087	00	
	3	Gross contributions, gifts, grants, and similar amounts received	3	108,469	00	
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	1,263,748	00	
	5	Cost of goods sold	5		00	
	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	1,263,748	00	
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	1,383,716	00	
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-119,968	00	
Filing Fee	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	
	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	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	TREASURER	Date	• Telephone		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01612986		
	Firm's name (or yours, if self-employed) and address	HARRINGTON GROUP, CPAS, LLP 2698 MATARO STREET PASADENA, CA 91107			• Firm's FEIN 95-4557617	
					• Telephone (626) 403-6801	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

**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.

228951 01-10-23

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	1,192	00
	3	Dividends	•	3		00
	4	Gross rents	•	4		00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income	•	7		00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,192	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	1,218,451	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees	•	11	SEE STATEMENT 3	00
	12	Other salaries and wages	•	12		00
	13	Interest	•	13		00
	14	Taxes	•	14		00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16		00
	17	Other expenses and disbursements	•	17	SEE STATEMENT 4	165,265
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	1,383,716	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		694,036		574,068
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	<b>a</b> Depreciable assets				
	<b>b</b> Less accumulated depreciation	( )	( )		
11	Land				
12	Other assets <b>STMT 5</b>		1,150		1,150
13	<b>Total assets</b>		695,186		575,218
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities				
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		695,186		575,218
22	<b>Total liabilities and net worth</b>		695,186		575,218

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	-119,968
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5	•	-119,968
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	<b>Total.</b> Add line 7 and line 8	•	
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	-119,968



The Everychild Foundation31-1693985

Barbara Marcus	3153 Abington Drive Beverly Hills, CA 90210	12/31/22	6,000.
Barbara Schelbert	412 Mt. Holyoke Ave Pacific Palisades, CA 90272	12/31/22	6,000.
Beth Parks	117 S. Layton Drive Los Angeles, CA 90049	12/31/22	6,000.
Beth Tigay	5019 Butterfiled Court Culver City, CA 90231	12/31/22	6,000.
Betsy Newman	330 19th Street Santa Monica, CA 90402	12/31/22	6,000.
Bettina Duval	1508 Georgina Avenue Santa Monica, CA 90402	12/31/22	6,000.
Bev Lowe	1129 Kagawa Street Pacific Palisades, CA 90272	12/31/22	6,000.
Bradford Rope	26805 Hawkhurst Drive Rancho Palos Verdes, CA 90275	12/31/22	10,000.
Brenda Potter	703 North Elm Drive Beverly Hills, CA 90210	12/31/22	6,000.
Candis Duke	205 - 16th Street Manhattan Beach, CA 90266	12/31/22	12,000.
Carla Buck	40 21st Street Hermosa Beach, CA 90254	12/31/22	6,000.
Carleen Riley	826 Greentree Road Pacific Palisades, CA 90272	12/31/22	6,000.
Carol Biondi	10375 Wilshire Blvd. Apt 11A Los Angeles, CA 90024	12/31/22	6,000.
Carol Leif	611 N. Foothill Road Beverly Hills, CA 90210	12/31/22	6,000.
Carol Li	2124 Stratford Circle Los Angeles, CA 90077	12/31/22	6,000.
Carol Petschek	1277 Piedra Morada Pacific Palisades, CA 90272	12/31/22	6,000.
Carole Gaba	1368 East Mountain Drive Montecito, CA 93108	12/31/22	6,000.
Caroline Hackman	215 N. Carmelina Ave. Los Angeles, CA 90049	12/31/22	6,000.

The Everychild Foundation31-1693985

Caroline Welch	601 - 23rd Street Santa Monica, CA 90402	12/31/22	6,000.
Carolyn Grosslight	222 Ashdale Place Los Angeles, CA 90049	12/31/22	6,000.
Carrie Odell	2323 La Mesa Drive Santa Monica, CA 90402	12/31/22	6,000.
Cathy Ryan	8383 Wilshire Blvd. #400 Beverly Hills, CA 90211	12/31/22	10,000.
Cheryl Paller	18348 Coastline Drive Malibu, CA 90265	12/31/22	6,000.
Christina Segel	14100 West Sunset Blvd. Pacific Palisades, CA 90272	12/31/22	6,000.
Cindy Bauman Frischling	327 21st Place Santa Monica, CA 90402	12/31/22	6,000.
Cindy Troop	24444 Malibu Road Malibu, CA 90265	12/31/22	6,000.
Claire Van Konynenburg	13681 Sunset Blvd Pacific Palisades, CA 90272	12/31/22	6,000.
Connie Chein, M.D.	9190 W. Olympic Blvd. #406 Beverly Hills, CA 90212	12/31/22	6,000.
Courtney Thorne-Smith	11693 San Vicente Blvd. #272 Los Angeles, CA 90049	12/31/22	6,000.
Cynthia Simon	440 Toyopa Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Cynthia Stone	12849 Chalon Road Los Angeles, CA 90049	12/31/22	6,000.
Dara Barker	922 Chautauqua Blvd Pacific Palisades, CA 90272	12/31/22	6,000.
Debbie Charlton	1824 Agnes Road Manhattan Beach, CA 90266	12/31/22	6,000.
Debra Granfield	1066 Princeton Street Santa Monica, CA 90403	12/31/22	6,000.
Dee Menzies	102 Foxtail Drive Santa Monica, CA 90402	12/31/22	6,000.
Denise McCain-Tharnstrom	1124 Amalfi Drive Pacific Palisades, CA 90272	12/31/22	6,000.

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Diane Giles Berliner	3001 Club Drive Los Angeles, CA 90064	12/31/22	6,000.
Diane Liebenson	317 27th Street Manhattan Beach, CA 90266	12/31/22	6,000.
Donna Sussman	1476 Via Cresta Pacific Palisades, CA 90272	12/31/22	6,000.
Doreen Gelfand	957 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
EJ Milken	1676 Alta Mura Rd. Pacific Palisades, CA 90272	12/31/22	6,000.
Elinor Turner	9858 Denbigh Drive Beverly Hills, CA 90210	12/31/22	6,000.
Elisabeth Lesser	208 Anderson St. Manhattan Beach, CA 90266	12/31/22	6,000.
Elizabeth Friedman	10317 Monte Mar Drive Los Angeles, CA 90064	12/31/22	6,000.
Elizabeth Youngblood	29500 Heathercliff Road SPC 267 Malibu, CA 90265	12/31/22	6,000.
Ellen Simmons	501 11th Street Santa Monica, CA 90402	12/31/22	6,000.
Ellie Lederman	311 Alma Real Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Erin Keller	808 John Street Manhattan Beach, CA 90266	12/31/22	6,000.
Gail Kamer Lieberfarb	684 MacCulloch Dr Los Angeles, CA 90049	12/31/22	6,000.
Geeta Chandramohan	1946 Lamp Post Lane La Canada, CA 91011	12/31/22	6,000.
Geraldine Alden	1 Century Drive #36A Century City, CA 90064	12/31/22	6,000.
Gina Deutsch Zakarin	12921 Evanston Street Los Angeles, CA 90049	12/31/22	6,000.
Helen Gaskin	1437 Calle De Jonela Pacific Palisades, CA 90272	12/31/22	6,000.
Helen Palmer	958 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.

The Everychild Foundation31-1693985

Hillary Thomas	957 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Jacqueline Caster	959 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Jamie Meyer	669 Sarbonne Road Los Angeles, CA 90077	12/31/22	6,000.
Jan Levine	712 El Medio Avenue Pacific Palisades, CA 90272	12/31/22	6,000.
Janet Crown	256 South Beverly Glen Los Angeles, CA 90024	12/31/22	6,000.
Janie Coolidge	322 11th Street Santa Monica, CA 90402	12/31/22	6,000.
Janis Minton	2444 Wilshire Blvd. Suite 622 Santa Monica, CA 90403	12/31/22	6,000.
Jeannette Harris	445 S. Douglas St. #100 El Segundo, CA 90245	12/31/22	6,000.
Jill Higgins	13217 Valleyheart Drive Sherman Oaks, CA 91423	12/31/22	6,000.
Joanna Peck	15 Taunton Lake Road Newtown, CT 06470	12/31/22	6,000.
Jocelyn Tetel	15717 La Maida Street Encino, CA 91436	12/31/22	153.
Jodie Fishman	525 Bellagio Terrace Los Angeles, CA 90049	12/31/22	6,000.
Jody Lippman	1341 San Remo Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Joyce Craig	12401 Wilshire Blvd. Ste 200 Los Angeles, CA 90025	12/31/22	6,000.
Judy Beckmen	1318 Monaco Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Judy Fishman	490 N. Tigertail Road Los Angeles, CA 90049	12/31/22	6,000.
Julie Nichols	608 Las Lomas Avenue Pacific Palisades, CA 90272	12/31/22	6,000.
Karen Bedrosian Coyne	2934 1/2 Beverly Glen Cir #347 Los Angeles, CA 90077	12/31/22	6,000.

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Karen Olan	16130 Anoka Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Karen Sidney	418 - 30th Street Hermosa Beach, CA 90254	12/31/22	6,000.
Karin Fielding	12735 Hanover Street Los Angeles, CA 90049	12/31/22	6,000.
Kate Nelson	12322 Viewcrest Rd Studio City, CA 91604	12/31/22	6,000.
Kathy Barrett	1669 San Onofre Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Katie Sharer Mullen	411 Lombard Avenue Pacific Palisades, CA 90272	12/31/22	6,000.
Katrina Mohn	12875 Chalon Road Los Angeles, CA 90049	12/31/22	6,000.
Kay Faguet	740 Napoli Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Kevyn Wynn	501 Toyopa Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Kirith Prady	10063 Toluca Lake Avenue Toluca Lake, CA 90602	12/31/22	6,000.
Kirstin Meyer	13700 Romany Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Kristie Hubbard	960 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Kristina Deutsch	140 Fraser Avenue Santa Monica, CA 90405	12/31/22	6,000.
Kymberly Marciano	11333 Moorpark St. #403 Studio City, CA 91602	12/31/22	6,000.
Larkin Mohn	12875 Chalon Road Los Angeles, CA 90049	12/31/22	6,000.
Laura Donnelley	3501 Moore Street Los Angeles, CA 90066	12/31/22	6,000.
Lauren Smith	961 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Lauren Turner	962 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.

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Laurie Benenson	605 Hightree Road Santa Monica, CA 90402	12/31/22	6,000.
Laurie Levit	211 - 15th Street Santa Monica, CA 90402	12/31/22	6,000.
Laurie Newbound	13240 Chalon Road Los Angeles, CA 90049	12/31/22	6,000.
Leslie Elkus	6543 N. Landmark Dr. #1020 Park City, UT 84098	12/31/22	6,000.
Leslie Lichtenstein	1965 Lucile Avenue Los Angeles, CA 90026	12/31/22	6,000.
Lilly Chang	2221 Warmouth Street San Pedro, CA 90732	12/31/22	6,000.
Lilly Lewis	242 S. Peck Drive Beverly Hills, CA 90212	12/31/22	6,000.
Linda Blauner	219 S. Medio Drive Los Angeles, CA 90049	12/31/22	6,000.
Linda Lippman	317 North Rockingham Ave Los Angeles, CA 90049	12/31/22	6,000.
Linda McLoughlin Figel	533 4th Street Manhattan Beach, CA 90266	12/31/22	6,000.
Linda Rubin	2161 Mandeville Canyon Road Los Angeles, CA 90049	12/31/22	6,000.
Lindsee Granfield	856 Yale Street Santa Monica, CA 90403	12/31/22	6,000.
Lisa Feintech	1871 Kimberly Lane Los Angeles, CA 90049	12/31/22	6,000.
Lisa Finkelstein	122 Ocean Park Blvd. #509 Santa Monica, CA 90405	12/31/22	6,000.
Lisa Hubbard	409 W Channel Road Santa Monica, CA 90402	12/31/22	6,000.
Lisa Klein	1890 Westridge Los Angeles, CA 90049	12/31/22	6,000.
Lois Cox	1520 S. Beverly Glen #607 Los Angeles, CA 90024	12/31/22	6,000.
Lois Dunne	1101 Charm Acres Place Pacific Palisades, CA 90272	12/31/22	6,000.

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Lora Fremont	P.O. Box 548 Pacific Palisades, CA 90272	12/31/22	6,000.
Lorie Cudzil	641 Alma Real Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Marcia Howard Trust	630 Cascada Way Los Angeles, CA 90049	12/31/22	50,000.
Margaret Sharer	448 Ocampo Dr. Pacific Palisades, CA 90272	12/31/22	6,000.
Mariann Lord	1650 Casale Road Pacific Palisades, CA 90272	12/31/22	6,000.
Marlene Louchheim	10490 Wilshire Blvd. #2602 Los Angeles, CA 90024	12/31/22	6,000.
Marsha Olson & Wurwand Jane	1026 Montana Avenue Santa Monica, CA 90403	12/31/22	6,000.
Mary Ann Jacobsen	1645 Amalfi Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Mary Atwater James	1897 Mango Way Los Angeles, CA 90049	12/31/22	6,000.
Mary deKernion	360 Alma Real Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Mary Lu Tuthill	201 S. Bristol Ave. Los Angeles, CA 90049	12/31/22	6,000.
Meghan Bloome Bishop	10538 Edgeley Place Los Angeles, CA 90024	12/31/22	6,000.
Melanie Lundquist	1809 Paseo Del Sol Palos Verdes Estates, CA 90274	12/31/22	6,000.
Michele Lynch	963 Corsica Drive Pacific Palisades, CA 90272	12/31/22	98.
Michele Thibiant	5342 Shoshone Avenue Encino, CA 91316	12/31/22	6,000.
Michelle Katz	964 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Michelle Kim	4170 Dixie Canyon Avenue Sherman Oaks, CA 91423	12/31/22	6,000.
Michelle Richman	9881 Gloucester Drive Beverly Hills, CA 90210	12/31/22	6,000.

The Everychild Foundation31-1693985

Mindy Stein	501 Highland Drive La Canada, CA 91011	12/31/22	6,000.
Miriam Muscarolas	1280 Marinette Road Pacific Palisades, CA 90272	12/31/22	6,000.
Nadya Scott	101 California Ave. #PH Santa Monica, CA 90403	12/31/22	6,000.
Nancy Branscombe	501 Caruso Avenue Glendale, CA 91210	12/31/22	6,000.
Nancy Lovett	1327 Brinkley Ave Los Angeles, CA 90049	12/31/22	6,000.
Nancy Newberg	5 Oakmount Drive Los Angeles, CA 90049	12/31/22	6,000.
Nancy Rubin	1120 Stone Canyon Road Los Angeles, CA 90077	12/31/22	6,000.
Nancy Stark	965 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Nicole Mutchnik	716 N. Palm Drive Beverly Hills, CA 90210	12/31/22	6,000.
Nikki Lewis Read	242 S. Peck Drive Beverly Hills, CA 90212	12/31/22	6,000.
Norah Broillet	773 Stradella Road Los Angeles, CA 90077	12/31/22	6,000.
Pamela Buffett	1016 Chevy Chase Dr. Beverly Hills, CA 90210	12/31/22	6,000.
Pamela Mohn	12875 Chalon Road Los Angeles, CA 90049	12/31/22	6,000.
Patricia Collins	432 Puerto del Mar Pacific Palisades, CA 90272	12/31/22	6,000.
Paula Bennett	1156 Napoli Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Pauline Pomerance	18914 Carmel Crest Drive Tarzana, CA 91356	12/31/22	6,000.
Penny Meepos	1516 Monaco Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Randi Levine	131 Greenfield Avenue Los Angeles, CA 90049	12/31/22	6,000.

The Everychild Foundation31-1693985

Reese Relfe	686 San Lorenzo St Santa Monica, CA 90402	12/31/22	6,000.
Rex Miller	508 Emerald Bay Laguna Beach, CA 92651	12/31/22	5,000.
Robin Venturelli	966 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Rosenthal Monica & Lindsay Rachelefsky	11693 San Vicente Blvd. #173 Los Angeles, CA 90049	12/31/22	6,000.
Sadhana Paralkar	889 Toulon Pacific Palisades, CA 90272	12/31/22	6,000.
Sandra Naftzger	13525 D'Este Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Shanna Brooks	250 Delfern Drive Los Angeles, CA 90077	12/31/22	6,000.
Sharon Gam	10380 Wilshire Blvd. #1804 Los Angeles, CA 90024	12/31/22	6,000.
Sherine Siddhartha	8605 Santa Monica Blvd. PMB 74125 West Hollywood, CA 90069	12/31/22	6,000.
Sophia Whang	13510 Lucca Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Stefania Magidson	1411 Mockingbird Place Los Angeles, CA 90069	12/31/22	6,000.
Stephanie Nemeth Bronson	344 Conway Avenue Los Angeles, CA 90024	12/31/22	6,070.
Susan Bay Nimoy	801 Stone Canyon Road Los Angeles, CA 90077	12/31/22	6,000.
Susan Brauneiss	555 North Bristol Avenue Los Angeles, CA 90049	12/31/22	6,000.
Susan Lebow	12837 Highwood Street Los Angeles, CA 90049	12/31/22	6,000.
Susan Polson	254 N Tigertail Road Los Angeles, CA 90049	12/31/22	6,000.
Susan Rosenblum	2807 Forrester Drive Los Angeles, CA 90064	12/31/22	6,000.
Susan Smidt	9355 Wilshire Blvd. Ste 400 Beverly Hills, CA 90210	12/31/22	6,000.

<u>The Everychild Foundation</u>			<u>31-1693985</u>
Susan Stockel	159 North Cliffwood Avenue Los Angeles, CA 90049	12/31/22	6,000.
Tamara Bagnard	15332 Antioch St. 522 Pacific Palisades, CA 90272	12/31/22	6,000.
Tamara Ritchey Powers	656 18th Street Manhattan Beach, CA 99266	12/31/22	6,000.
Terri Kohl	800 Holladay Road Pasadena, CA 91106	12/31/22	6,000.
Terry Gilman	1305 19th Street Manhattan Beach, CA 90266	12/31/22	6,000.
Therese Peters	1935 Livonia Avenue Los Angeles, CA 90034	12/31/22	6,000.
Tina Kahn	424 S. Plymouth Blvd. Los Angeles, CA 90020	12/31/22	6,000.
Tracey Martin	1840 Deerhill Trail Topanga, CA 90290	12/31/22	6,000.
Tracy Katayama Esse	604 Walden Drive Beverly Hills, CA 90210	12/31/22	6,000.
Trish de Bont	13181 Rivers Road Los Angeles, CA 90049	12/31/22	6,000.
Vicki Baker	3235 Webster Street San Francisco, CA 94123	12/31/22	6,000.
Victoria Unger	808 Duncan Ave Manhattan Beach, CA 90266	12/31/22	6,000.
Wendy Kirshner	967 Corsica Drive Pacific Palisades, CA 90272	12/31/22	6,000.
Wendy Leshgold	1202 Rimmer Avenue Pacific Palisades, CA 90272	12/31/22	12,000.
Wendy Smith Meyer	445 N. Layton Way Los Angeles, CA 90049	12/31/22	6,000.
Total included on line 3			<u><u>1,203,821.</u></u>

CA 199	NonCash Contributions Included on Part I, Line 3	Statement	2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Eve Jaffe	506 Muskingham Place Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	6,066.	6,066.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jeanie Kay	1609 San Gabriel Avenue Glendale, CA 91208		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	6,094.	6,094.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jocelyn Tetel	15717 La Maida Street Encino, CA 91436		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	5,847.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Julie Suh	865 Eighth Street Manhattan Beach, CA 90266		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	6,675.	6,675.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Michele Lynch	963 Corsica Drive Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	5,902.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Natalie du P Edmonds	310 S Anita Ave Los Angeles, CA 90049		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/22	6,071.	6,071.
Total included on line 3		36,655.	36,906.

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CA 199	Compensation of Officers, Directors and Trustees	Statement	3
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<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Jacqueline Caster 956 Corsica Drive Pacific Palisades, CA 90272	Founder and President 20.00	0.
Nancy Stark 956 Corsica Drive Pacific Palisades, CA 90272	Secretary 1.00	0.
Doreen Gelfand 956 Corsica Drive Pacific Palisades, CA 90272	Treasurer 2.50	0.
Kristie Hubbard 956 Corsica Drive Pacific Palisades, CA 90272	Member at Large 4.00	0.
Michelle Katz 956 Corsica Drive Pacific Palisades, CA 90272	Membership Co-Chair 2.00	0.
Wendy Kirshner 956 Corsica Drive Pacific Palisades, CA 90272	Grant Monitoring Committee 4.00	0.
Michele Lynch 956 Corsica Drive Pacific Palisades, CA 90272	Membership Co-Chair 2.00	0.
Helen Palmer 956 Corsica Drive Pacific Palisades, CA 90272	Grant Screening Board Chai 2.00	0.

The Everychild Foundation

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Ande Rosenblum 956 Corsica Drive Pacific Palisades, CA 90272	Grant Outreach Committee C 5.00	0.
Lauren Smith 956 Corsica Drive Pacific Palisades, CA 90272	Policy & Activism Committe 2.00	0.
Lauren Turner 956 Corsica Drive Pacific Palisades, CA 90272	Past Grant Screening Board 2.00	0.
Robin Venturelli 956 Corsica Drive Pacific Palisades, CA 90272	Communications Committee C 2.00	0.
Total to Form 199, Part II, line 11		0.

CA 199	Other Expenses	Statement	4
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Description	Amount
Dues and subscriptions	5,463.
Membership activities	4,286.
Other expense	3,895.
Merchant fees	3,619.
Accounting fees	29,080.
Other professional fees	102,000.
Advertising and promotion	551.
Office expenses	13,686.
Insurance	2,040.
All other expenses	645.
Total to Form 199, Part II, line 17	165,265.

CA 199	Other Assets	Statement	5
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Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	1,150.	1,150.
Total to Form 199, Schedule L, line 12	1,150.	1,150.

CA 199	Fund Balances	Statement	6
Description	Beg. of Year	End of Year	
Net assets without donor restrictions	455,111.	452,646.	
Net assets with donor restrictions	240,075.	122,572.	
Total to Form 199, Schedule L, line 21	695,186.	575,218.	

TAXABLE YEAR

2022

# California e-file Return Authorization for Exempt Organizations

FORM  
8453-EO

Exempt Organization name	Identifying number
<b>THE EVERYCHILD FOUNDATION</b>	<b>31-1693985</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	1,263,748
2 Total gross income (Form 199, line 8)	2	1,263,748
3 Total expenses and disbursements (Form 199, line 9)	3	1,383,716

**Part II Settle Your Account Electronically for Taxable Year 2022**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	▶ _____	_____	▶ <b>TREASURER</b>
	Signature of officer	Date	Title

**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 file 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.

<b>ERO</b>	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01612986</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address ▶ <b>HARRINGTON GROUP, CPAS, LLP</b> <b>2698 MATARO STREET</b> <b>PASADENA, CA</b>	Firm's FEIN <b>95-4557617</b>	ZIP code <b>91107</b>		

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.

<b>Paid Preparer</b>	Paid preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address ▶ _____	Firm's FEIN _____	ZIP code _____	

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

<p><b>THE EVERYCHILD FOUNDATION</b> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>956 CORSICA DRIVE</b> Address (Number and Street)</p> <p><b>PACIFIC PALISADES, CA 90272</b> City or Town, State, and ZIP Code</p> <p><b>(310) 573-2153</b>      <b>RICKYNALA@AOL.COM</b> Telephone Number      E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT113002</b></p> <p>Corporation or Organization No. <b>2182361</b></p> <p>Federal Employer ID No. <b>31-1693985</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 1,263,748 Noncash Contributions \$ 37,301 Total Assets \$ 575,218  
 Program Expenses \$ 1,321,021 Total Expenses \$ 1,383,716

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<b>DOREEN GELFAND</b>	<b>TREASURER</b>	
Signature of Authorized Agent	Printed Name	Title
		Date