

Return of Organization Exempt From Income Tax

Form **990**

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

2023

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 for instructions and the latest information.

Open to Public Inspection

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

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	C Name of organization <p style="font-size: 1.2em; font-weight: bold;">The Everychild Foundation</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="font-size: 1.2em; font-weight: bold;">956 Corsica Drive</p> City or town, state or province, country, and ZIP or foreign postal code <p style="font-size: 1.2em; font-weight: bold;">Pacific Palisades, CA 90272</p> F Name and address of principal officer: Jacqueline Caster same as C above	D Employer identification number <p style="font-size: 1.2em; font-weight: bold;">31-1693985</p> E Telephone number <p style="font-size: 1.2em; font-weight: bold;">(310) 367-6300</p> G Gross receipts \$ 1,209,645. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <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		
J Website: www.everychildfoundation.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: To raise funds for distribution to entities and organizations devoted to improving the prospects and		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	1,262,556.	1,185,192.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,192.	24,453.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,263,748.	1,209,645.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,218,451.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 17,810.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	165,265.	168,811.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,383,716.	168,811.
19	Revenue less expenses. Subtract line 18 from line 12	-119,968.	1,040,834.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	575,218.	1,616,052.
22	Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		575,218.	1,616,052.

Part II Signature Block

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

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

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 \$ 107,311. including grants of \$) (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 107,311.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official		X
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.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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) 367-6300
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	3.00	X		X				0.	0.	0.
(3) Doreen Gelfand Treasurer	2.50	X		X				0.	0.	0.
(4) Sharon Gam Grant Monitoring Committee Chair	2.00	X						0.	0.	0.
(5) Kristie Hubbard Member at Large	4.00	X						0.	0.	0.
(6) Michelle Katz Membership Co-Chair	2.00	X						0.	0.	0.
(7) Nancy Lovett Grant Screening Board Chair	3.00	X						0.	0.	0.
(8) Michele Lynch Membership Co-Chair	4.00	X						0.	0.	0.
(9) Helen Palmer Past Grant Screening Board Chair	2.00	X						0.	0.	0.
(10) Tamara Ritchey Powers Communications Committee Chair	2.00	X						0.	0.	0.
(11) Ande Rosenblum Grant Outreach Committee Chair	5.00	X						0.	0.	0.
(12) Lauren Smith Policy & Activism 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,054,052.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	131,140.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 58,789.				
	h Total. Add lines 1a-1f		1,185,192.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,453.			24,453.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,209,645.	0.	0.	24,453.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,440.		19,440.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	98,000.	98,000.		
12 Advertising and promotion	1,149.		1,149.	
13 Office expenses	10,909.	666.	4,191.	6,052.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,954.	8,645.		1,309.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,096.		2,096.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Other expense	10,898.		10,816.	82.
b Membership activities	6,285.			6,285.
c Dues and subscriptions	4,123.		4,123.	
d Merchant fees	4,082.			4,082.
e All other expenses	1,875.		1,875.	
25 Total functional expenses. Add lines 1 through 24e	168,811.	107,311.	43,690.	17,810.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	574,068.	1	491.
	2 Savings and temporary cash investments	0.	2	1,615,561.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,150.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	575,218.	16	1,616,052.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	452,646.	27	411,858.
	28 Net assets with donor restrictions	122,572.	28	1,204,194.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	575,218.	32	1,616,052.
33 Total liabilities and net assets/fund balances	575,218.	33	1,616,052.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,209,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	168,811.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,040,834.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	575,218.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,616,052.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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	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	
c	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	
3a	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	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 _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization The Everychild Foundation	Employer identification number 31-1693985
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,280,355.	1,361,561.	1,246,599.	1,262,556.	1,185,192.	6,336,263.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,280,355.	1,361,561.	1,246,599.	1,262,556.	1,185,192.	6,336,263.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						6,336,263.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,280,355.	1,361,561.	1,246,599.	1,262,556.	1,185,192.	6,336,263.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	19,840.	11,330.	431.	1,192.	24,453.	57,246.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						6,393,509.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.10 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.33 %

16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2022. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2023. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2022. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

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 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 The Everychild Foundation	Employer identification number 31-1693985
--	---

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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		1,194.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,194.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 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

2023

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, modified easements, monitoring policy, and expenses.

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 reporting requirements for art and historical treasures.

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 in 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of 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 |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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.

1	Total revenue, gains, and other support per audited financial statements		1	1,218,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	8,498.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,498.
3	Subtract line 2e from line 1		3	1,209,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,209,645.

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.

1	Total expenses and losses per audited financial statements		1	177,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	8,498.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,498.
3	Subtract line 2e from line 1		3	168,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	168,811.

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 M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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	10	56,914.	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 (<u>Office supplies</u>)	X	3	1,875.	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.		

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

Schedule M (Form 990) 2023

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 for the latest information.

OMB No. 1545-0047

2023

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
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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.

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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

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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

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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

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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

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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.

St. Johns Community Health

Seeks to improve community health and reduce health disparities by delivering high quality, comprehensive services and impacting health and social policy to promote social justice and community health improvement.

27) 2023 Vision to Learn - \$1,000,000

Fund a ground breaking pilot program with Vision to Learn and Children's Hospital of Los Angeles utilizing mobile vision clinics and telehealth technologies to provide eye examinations, eye glasses and elevated eye care by CHLA ophthalmologists in real time to K-12 Compton Unified School District.

28) 2023 - College Match - \$100,000

College Match seeks to help talented students from low-income families get into and graduate from the nation's top colleges and universities.

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 (or \$2,500 if under 40 years of age) enabling the Foundation to make an annual grant of \$1,000,000 as well as a secondary "runner-up" grant.

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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.

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).

Form 990, Part IX, Line 11g, Other Fees:

Consultant:

Program service expenses	98,000.
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Total expenses	98,000.
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Total Other Fees on Form 990, Part IX, line 11g, Col A	98,000.
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California Exempt Organization Annual Information Return

Calendar Year 2023 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
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return?
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption

- I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

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

Table with 4 columns: Description, Line number, Amount, and Balance. Rows include Receipts and Revenues (lines 1-8), Expenses (lines 9-10), and Payments (lines 11-16).

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.

Sign Here section containing signature of officer (TREASURER), date, and telephone number. Paid Preparer's Use Only section containing firm name (HARRINGTON GROUP, CPAS, LLP), address (2698 MATARO STREET PASADENA, CA 91107), and telephone number ((626) 403-6801).

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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	24,453	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	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	24,453	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		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	
	Expenses and Disbursements	17	Other expenses and disbursements	•	17	SEE STATEMENT 4	168,811 00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	168,811	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)	
1 Cash		574,068		•	1,616,052
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 a Depreciable assets					
b Less accumulated depreciation					
11 Land				•	
12 Other assets	STMT 5	1,150		•	
13 Total assets		575,218			1,616,052
Liabilities and net worth					
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		575,218		•	1,616,052
22 Total liabilities and net worth		575,218			1,616,052

Schedule M-1 Reconciliation of income per books with income per return			
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	•	1,040,834	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		1,040,834	
			1,040,834

The Everychild Foundation31-1693985

Barbara Schelbert	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Beth Parks	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Betsy Newman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Bettina Duval	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Bev Lowe	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Brenda Potter	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Candis Duke	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carla Buck	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	7,000.
Carleen Riley	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carol Biondi	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carol Leif	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carol Li	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carol Petschek	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carole Gaba	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Caroline Welch	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carolyn Grosslight	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Carrie Odell	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Cheryl Paller	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.

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Christina Segel	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Cindy Troop	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Claire Van Konynenburg	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Connie Chein, M.D.	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Courtney Thorne-Smith	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Cynthia Simon	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,250.
Cynthia Stone	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Dara Barker	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Debra Granfield	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Dee Menzies	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Denise McCain-Tharnstrom	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Diane Giles Berliner	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,500.
Diane Liebenson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Diane Shader Smith	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Donna Sussman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Donna Tripp	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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The Everychild Foundation31-1693985

EJ Milken	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Elinor Turner	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Elisabeth Lesser	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	897.
Elizabeth Friedman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,100.
Elizabeth Youngblood	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Ellen Rosenberg	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Ellie Lederman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Erin Keller	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Eve Jaffe	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	21.
Gail Kamer Lieberfarb	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Geeta Chandramohan	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Gina Deutsch Zakarin	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Helen Gaskin	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Helen Palmer	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Hillary Thomas	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Jacqueline Caster	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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The Everychild Foundation31-1693985

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Jeanie Kay	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Jeannette Harris	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Jennifer Caskey	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Jill Higgins	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Jocelyn Caster	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	2,991.
Jocelyn Tetel	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	293.
Jodie Fishman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Joyce Craig	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Judy Fishman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Julie Nichols	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Karen Bedrosian-Coyne	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	283.
Karen Olan	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Karen Sidney	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Kate Nelson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Kirstin Meyer	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Kristie Hubbard	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Larkin Mohn	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Laura Donnelley	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lauren Smith	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lauren Turner	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Laurie Benenson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Linda Blauner	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Linda Lippman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	11,000.
Linda McLoughlin Figel	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Linda Rubin	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lindsee Granfield	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lisa Feintech	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lisa Hubbard	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lisa Klein	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Lois Cox	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	7,000.
Lois Dunne	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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The Everychild Foundation31-1693985

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Mariann Lord	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Marlene Louchheim	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Mary Ann Jacobsen	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Mary Atwater James	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Mary deKernion	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Mary Lu Tuthill	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Meghan Bloome Bishop	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Melanie Lundquist	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
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Michele Thibiant	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Michelle Katz	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Michelle Kim	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Michelle Richman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Mindy Stein	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Miriam Muscarolas	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nadya Scott	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.

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Nancy Lovett	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nancy Newberg	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nancy Rubin	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nancy Stark	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nicole Mutchnik	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Nikki Lewis Read	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Norah Broillet	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Pamela Buffett	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Pamela Mohn	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Patricia Collins	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Patty Nickoll	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Paula Bennett	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Pauline Pomerance	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Penny Meepos	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Randi Levine	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Rebecca Kelly	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Reese Relfe	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Robin Venturelli	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.

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Rosenthal Monica	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Sadhana Paralkar	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Sandra Naftzger	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Sharon Gam	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Sophia Whang	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Stefania Magidson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Stephanie Johnson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Stephanie Nemeth Bronson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Bay Nimoy	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Brauneiss	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Lau	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Lebow	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Polson	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Rosenblum	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,250.
Susan Smidt	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Susan Stockel	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Tamara Bagnard	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Tamara Ritchey Powers	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.

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Terri Kohl	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Terry Gilman	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Tina Kahn	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Tracey Martin	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Tracy Katayama Esse	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Trish De Bont	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Vicki Baker	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Victoria Unger	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Wendy Kirshner	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Wendy Leshgold	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	12,000.
Wendy Smith Meyer	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Wurwand Jane	P.O. Box 1809 Pacific Palisades, CA 90272	12/31/23	6,000.
Total included on line 3			<u><u>1,122,835.</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>		
Amy Siegel	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	6,175.	6,175.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Elisabeth Lesser	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	5,103.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Ellen Simmons	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	6,837.	6,837.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Eve Jaffe	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	5,979.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jocelyn Caster	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	3,009.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Jocelyn Tetel	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	5,707.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Julie Suh	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	6,105.	6,105.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Karen Bedrosian-Coyne	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	5,717.	6,000.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Lisa Finkelstein	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	6,221.	6,221.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Natalie Edmonds	P.O. Box 1809 Pacific Palisades, CA 90272		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Stock	12/31/23	6,061.	6,061.

Total included on line 3		<u>56,914.</u>	<u>61,399.</u>
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CA 199	Compensation of Officers, Directors and Trustees	Statement	3
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
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 3.00	0.	
Doreen Gelfand 956 Corsica Drive Pacific Palisades, CA 90272	Treasurer 2.50	0.	
Sharon Gam 956 Corsica Drive Pacific Palisades, CA 90272	Grant Monitoring Committee 2.00	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.	
Nancy Lovett 956 Corsica Drive Pacific Palisades, CA 90272	Grant Screening Board Chair 3.00	0.	
Michele Lynch 956 Corsica Drive Pacific Palisades, CA 90272	Membership Co-Chair 4.00	0.	
Helen Palmer 956 Corsica Drive Pacific Palisades, CA 90272	Past Grant Screening Board 2.00	0.	
Tamara Ritchey Powers 956 Corsica Drive Pacific Palisades, CA 90272	Communications Committee C 2.00	0.	
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 Committee
2.00

0.

Total to Form 199, Part II, line 11

0.

CA 199	Other Expenses	Statement	4
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Description	Amount
Other expense	10,898.
Membership activities	6,285.
Dues and subscriptions	4,123.
Merchant fees	4,082.
Accounting fees	19,440.
Other professional fees	98,000.
Advertising and promotion	1,149.
Office expenses	10,909.
Conferences and conventions	9,954.
Insurance	2,096.
All other expenses	1,875.
Total to Form 199, Part II, line 17	168,811.

CA 199	Other Assets	Statement	5
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Description	Beg. of Year	End of Year
Prepaid Expenses and Deferred Charges	1,150.	0.
Total to Form 199, Schedule L, line 12	1,150.	0.

CA 199	Fund Balances	Statement	6
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Description	Beg. of Year	End of Year
Net assets without donor restrictions	452,646.	411,858.
Net assets with donor restrictions	122,572.	1,204,194.
Total to Form 199, Schedule L, line 21	575,218.	1,616,052.

TAXABLE YEAR
2023

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE EVERYCHILD FOUNDATION	31-1693985

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	1,209,645
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	1,209,645
3 Total expenses and disbursements (Form 199, line 9)	3	168,811
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

Part II Settle Your Account Electronically for Taxable Year 2023

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)	
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount 7b Withdrawal date (mm/dd/yyyy)

Part III Schedule of Estimated Tax Payments for Taxable Year 2024 (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

10 Routing number _____	
11 Account number _____	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

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 2023 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 tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements 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 or the date when the refund was sent.**

Sign Here			
	Signature of officer	Date	TREASURER

Part VI 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, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

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

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
Must Sign	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 301-307, and 310

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 Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

THE EVERYCHILD FOUNDATION

Name of Organization

List all DBAs and names the organization uses or has used

956 CORSICA DRIVE

Address (Number and Street)

PACIFIC PALISADES, CA 90272

City or Town, State, and ZIP Code

(310) 367-6300

Telephone Number

RICKYNALA@AOL.COM

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 113002

Corporation or Organization No. _____

Federal Employer ID No. 31-1693985

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
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 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 1,209,645 Noncash Contributions \$ 58,789 Total Assets \$ 1,616,052
Program Expenses \$ 107,311 Total Expenses \$ 168,811

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.

DOREEN GELFAND

TREASURER

Signature of Authorized Agent

Printed Name

Title

Date