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GOVERNMENT COPY

	***** THIS IS NOT A FILEABLE COPY *****	*	
~~~~~~~	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
Form 8879-EO			<b></b>
	For calendar year 2017, or fiscal year beginning, 2017, and ending	, 20	2017
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>		
Name of exempt organization		Employer i	dentification number
CLAIRE'S PLAC	E FOUNDATION, INC.	45-24	453459
Name and title of officer MELISSA NORDQ EXECUTIVE DIR Part I Type of			
		from the retu	rp. If you chook the box
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, <b>a,</b> below, and the amount on that line for the return being filed with this form was blan ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	k, then leave l	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here		1b _	279,765.
2a Form 990-EZ check he	re <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check he			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, line 3c)		
Part II Declarat	ion and Signature Authorization of Officer		
debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	pplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate a institution account indicated in the tax preparation software for payment of the organ stitution to debit the entry to this account. To revoke a payment, I must contact the U an 2 business days prior to the payment (settlement) date. I also authorize the financi ic payment of taxes to receive confidential information necessary to answer inquiries a a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	nization's fede .S. Treasury F al institutions and resolve iss	ral taxes owed on this inancial Agent at involved in the sues related to the
Officer's PIN: check one	box only		
X I authorize HA	ROLD KERN CPA INC	to enter my	/ PIN 28480
	ERO firm name	_ ^	Enter five numbers, but do not enter all zeros
is being filed wit enter my PIN on As an officer of t indicated within program, I will en	on the organization's tax year 2017 electronically filed return. If I have indicated within a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 201 this return that a copy of the return is being filed with a state agency(ies) regulating chater my PIN on the return's disclosure consent screen.	authorize the a	aforementioned ERO to ly filed return. If I have
Dort III Cortifica	tion and Authorition		
	tion and Authentication ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 9545520000	)2	
	Do not enter all zero		
	neric entry is my PIN, which is my signature on the 2017 electronically filed return for ig this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (M is Returns.		
ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	Do So	
HA For Paperwork Rec	uction Act Notice, see instructions.		Form <b>8879-EO</b> (2017)
723051 10-11-17			

CLAIRE'S PLACE FOUNDATION, INC. 2110 ARTESIA BOULEVARD, NO. 819 REDONDO BEACH, CA 90278

### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Department of the Treasury

- 0047

Internal Revenue Service

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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



OMB No. 1545-0047

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

AF	or the	and a calendar year, or tax year beginning and and a	enaing		
B c a	heck if	e: C Name of organization		D Employer identifi	cation number
	Addre	CLAIRE'S PLACE FOUNDATION, INC.			
	Name Chang	Doing business as	45-2	453459	
	Initial		Room/suite	E Telephone numbe	
	Final		819	310-	922-6827
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	334,421.
	Amen	REDONDO BEACH, CA 90270		H(a) Is this a group re	
	Applic	IF Name and address of principal officer: Include Son NONDQUEDE		for subordinates	? <b>Yes</b> X No
	pendi	⁹ 5916 N. LAS VIRGENES ROAD, CALABASAS, (	CA 91	H(b) Are all subordinates ir	ncluded? Yes No
TI	ax-ex	empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)
J٧	Vebsi	e: WWW.CLAIRESPLACEFOUNDATION.ORG		H(c) Group exemptio	n number 🕨
κF		organization: 🔀 Corporation 🔄 Trust 🦲 Association 📃 Other 🕨	L Year	of formation: 2011 N	State of legal domicile: CA
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: ${ m TO}~{ m PI}$	ROVIDE	HELP TO CH	ILDREN AND
Governance		YOUNG ADULTS DIAGNOSED WITH CISTIC FIBROS	SIS		
jr n (	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
٥ ٥	3	Number of voting members of the governing body (Part VI, line 1a)			0
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\perp}$			0
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	1
viti		Total number of volunteers (estimate if necessary)			0
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		0.	50,000.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	229,765.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		0.	279,765.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	60,842.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		0.	63,868.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	8,718.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	133,428.
	19	Revenue less expenses. Subtract line 18 from line 12		0.	146,337.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		23,641.	169,978.
it As		Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		23,641.	169,978.
Pa	nrt 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 MELISSA NORDQUIST, EXE Type or print name and title	CUTIVE DIRECTOR	Date
Paid	Print/Type preparer's name HAROLD B. KERN CPA	Preparer's signature Dat	e Check PTIN if self-employed P00055182
Preparer	Firm's name 🕨 HAROLD KERN CPA	INC	Firm's EIN <b>68-0537839</b>
Use Only	Firm's address 9401 WILSHIRE BC	ULEVARD, #700	
	BEVERLY HILLS, C	A 90212-2944	Phone no.310.205.2333
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
732001 11-2	28-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form <b>990</b> (2017)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEMEN	T CONTINUATION

	990 (2017) CLAIRE'S PLACE FOUNDATION, INC. 45-2453459 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE HELP TO CHILDREN AND YOUNG ADULTS DIAGNOSED WITH CISTIC
	FIBROSIS
	AND OTHER LIFE THREATENING DISEASES, AS WELL AS THEIR FAMILIES FOR THE PURPOSE OF IMPROVING THEIR QUALITY OF LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$ 60 , 842 • ) (Revenue \$ )
	GRANTS FOR RENTS, UTILITIES, MEDICAL INSURANCE AND OTHER NECESSARY EXPENSES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FOUNDATION EVENTS TO MAKE PUBLIC AWARE OF CISTIC FIBROSIS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	INDIVIDUAL AND FAMILY COUNSELING.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ►     60,842.
<u>4e</u>	Form <b>990</b> (2017)
73200	2 11-28-17
	3
430	903 754953 2848 2017.04010 CLAIRE'S PLACE FOUNDATION, 2848 1

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Form	990	(2017)

 Form 990 (2017)
 CLAIRE'S PLACE FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		- 23
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI	11b		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? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_ <u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х

Form **990** (2017)

732003 11-28-17

Form	000	(2017)
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Part IV Checklist of Required Schedules (continued)

CLAIRE'S PLACE FOUNDATION, INC.

		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		24a		x
b	Schedule K. If "No", go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.15		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	200		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	, 5 , , , , , , , , , , , , , , , , , ,			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	0		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		1 22 1		

Form **990** (2017)

732004 11-28-17

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Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in the Part V       Vest No         a Enter the number oreported in Box 3 of Form 1096 Enter 0 if not applicable       1       0         b B forter the number oreported in Box 3 of Form 1096 Enter 0 if not applicable       1       0         c B forter the number oreported in Box 3 of Form 1098 Control to the organization compt with backap withmolding rules for noportable payments to venders and reportable gaming (gambing) winnings to prax withmes?       1       1         2 a There the number of employees reported on Form W 3, Transmitta of Wage and Tax Statements.       2       1       2         b If the organization have unabled business gross inceme of 51.000 or more during the year?       3a       X         b If Yes, 'Inste I dia E af 0000 To this year? If Yes, 'Inste I dia E af 0000 To this year? If Yes, 'Inste I dia Endo payments to 'Incle DB, provide a explanation not Rodedule O Be.       3b       X         b If Yes, 'Inste I dia E af 0000 To this year? If Yes, 'Inste I fance I account?       4a       X         b If Yes, 'Inste I dia E af 0000 To this year? If Yes, 'Inste I fance I account?       5a       X         b If Yes, 'Inste I dia E af 0000 To this year? If Yes is on the provide I tax year?       5a       X         b If Yes, 'Inste I dia Enter I dia Enter I dia Enter I fance I account is on the provide I tax year?       5a       X	Form	990 (2017) CLAIRE'S PLACE FOUNDATION, INC. 45-2453	459	Р	age 5
1a       Enter the number reported in Box 3 of Form 1098. Enter 4- if not applicable       1a       0       1b       0         1a       Enter the number of Forms W28 included in line 1a. Ent- 0- if not applicable       1b       0       1b       0         2b       Enter the number of Forms W28 included in line 1a. Ent- 0- if not applicable       1b       1c       1c         2a       Enter the number of ports W28 included in line 1a. Ento- 0- if not applicable       2a       1         2a       Enter the number of ports W28 included in line 1a. Ento- 0- if not applicable       2a       1         2a       Enter the number of ports W28 include on Form W3. Transmittal of Wage and Tax Statements.       2a       1         2b       If a teast one is reported on line 2a, did the organization file all required teoferia emptotones.       3a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       If Yes, 'neith the fortigin country (buch as a bank account, securitis account? or other functial account?       4a       X         3b       Did any toxable party notify the organization have an ista party to a prohibited tax sholer transaction at any time during the tax year?       5a       X         3b       Did any toxable party notify the organization inter the same of the foreorgin country.       5a       X					
a Errer the number eported in Box 3 of Ferm 1096. Enter-0-1 not applicable         1         1         0           b Errer the number eported in Box 3 of Ferm 1096. Enter-0-1 not applicable         1         0           c Errer the number of como W26 holded in the Ita. First -0-1 not applicable         1         0           2 Errer the number of comoves reported on Form W3, Transmittal of Wage and Tax Statements.         2         1           2 Errer the number of comoves reported on Form W3, Transmittal of Wage and Tax Statements.         2         3           3 Errer the number of comoves reported on Form W3, Transmittal of Wage and Tax Statements.         2         1           3 Errer the number of comoves reported on Form W3, Transmittal of Wage and Tax Statements.         2         1           3 Errer the number of the rops control was a bar second. To schedule 0 was a second to schedule of M2 was and the rops control was a bar account.         3         X           4 A any time during the calender year, d the congraintsch niva an interest in, or a signiture or other authority over, a financial account in a foreign country.         5         5           5 W State cognization have an integring country.         1         Nee to the tax second the cognization have an interest in core agritudin tax second reportsche an explanation and provide an explanation and second to the cognization have an interest in core agritudin cons and second to the cognization have an interest in core agritudin tax second provide an explanatin accountis (FBAR).         5 <th></th> <th>Check if Schedule O contains a response or note to any line in this Part V</th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W20 included in line 1a. Enter 0-11 not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1         2a       Enter the number of enclybex exported on form W3. Transmittal of Wags and Tax Statements.       2a       1         2b       Enter the number of enclybex exported on line 2a, did the organization fiels alr required federal enclybrument as returns?       2b       X         3a       Did the organization have uncleade business gross income of \$1,000 or more during the year?       3a       X         3b       If "ws," instal field a Form 300 Tor the year?       3a       X         3b       If "ws," instal field a Form 300 Tor the year?       3a       X         3b       If "ws," instal field a Form 300 Tor the year?       3a       X         3b       If "ws," instal field a Form 300 Tor the year?       3a       X         3c       If "ws," instal field a Form 300 Tor the year?       3a       X         3c       If "ws," in other the number of the foregination field in the organization have an interest in, or a signature or other anchola cocumt?       4a       X         3c       If "ws," in other the organization have an interest in, or a signature or other anchola cocumt?       5a       X         3c       Vs," instal was the organization have an interest in the organization have an path searother the numacother ancholy was and thave				Yes	No
c       Did the organization comply with backup withholding rules for reportable gamming that within a structure of employees reported on Form W3. Transmittal of Wage and Tax Statements, the fact the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, the fact the statements of the state on the specific on line 2a, did the organization file all required facteral employment tax statements.       1         2a       Effect the number of employees reported on Ine 2a, did the organization file all required facteral employment tax statemes?       2a       X         bit the sum of ines 1a and 2a is greater than 250, you may be required to e- <i>like</i> (see instructions)       3a       X         bit T+vs; 'has tilled a form 990-T for the year? If No, 1c the 3b, provide an explanation in Schedule O       3b       4a         bit T+vs; 'heat the file a form 990-T for the year? If No, 1c the 3b, provide an explanation in Schedule O       3b       X         bit T+vs; 'heat the file a form 990-T for the year? If No, 1c the 3b, provide an explanation in Schedule O       3b       X         bit T+vs; 'to line face rolb, did the organization hite all twas or is a party to a prohibited tax schedule tax schedule Tax schedule O       5a       X         bit I'vs; 'to line face rolb, did the organization hite all twas or is a party to a prohibited tax schedule Tax schedule O       5a       X         bit I'vs; 'to line face rolb, did the organization hite all woor that was or is a party to a prohibited tax schedule tax sch	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
gambing winnings to prize winners?       1c       1c         2a       Enter the number of employees reported on frem W3, Transmittat of Wage and Tax Statements.       1       1         b       If at least one is reported on line 2a, did the organization fiels at required to deferal employment tax returns?       2a       X         b       If at least one is reported on line 2a, did the organization fiels at required to deferal employment tax returns?       2a       X         b       If at least one is reported on line 2a, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign ountry (such as a bank account, securities account, or other financial account)?       4a       X         b       If "Yes," enter the name of the foreign ountry:       5a       X       X         c       If "Yes," enter the name of the foreign ountry:       5a       X       X         c       If "Yes," enter the name of the foreign ountry:       5a       X       X         c       If "Yes," enter the name of the foreign foreign Bank and Financial Accounts (FBAR).       5a       X         c       If "Yes," did the organization have annual gross capital tax shates transaction at any time during the tax year?       5a       X         d       If "Yes," did the organization have annual gross capital tax shates transaction at any time during the tax year?       5a       X					
2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.       2a       1         bit at least one is reported on line 2a, did the organization file all required (detail employment tax returns?.       2b       X         3a       Did the organization have number of busies gross income of 51,000 or more during the year?       3a       X         3b       Tyes," hast filed a form 990 T for this year? If No, 'to line 3b, provide an explanation in Schedule O       3a       X         bit 17 Yes," mater the name of the organization have an explanation in Schedule O       3a       X         bit 17 Yes," mater the name of the organization have schedule O       3a       X         bit 17 Yes," mater the name of the organization have schedule Tax schedule O       5a       X         bit 17 Yes," mater the name of the organization have the schedule family the tax year?       5a       X         bit 17 Yes," mater the name of the organization family the organization schedule family organization application as party to a prohibit at xea       5a       X         bit 17 Yes," function family requirements for FinCEN Form 114, Report of Foreign Eank and Financial Accounts (FBAR).       5a       X         bit 17 Yes," function family requirements for Bit Bar 200,000, and did the organization scient ary combibit at xea normally greater than \$100,000, and did the organization scient ary combibit at xea normally greater than \$100,000, and did the organization fawa and the organization neave a scient at th	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
If a test or cale adar year ending with or within the year covered by this return       Image: Cale add Cal		(gambling) winnings to prize winners?	1c		
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effel (see instructions)       3a       X         b       If "Yes," has if field a form 980-T for this year? If Vio," to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yes," has if field a form 980-T for this year? If Vio," to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yes," that if the foreign country (such as a bark account, securities account, or other financial accounts (FBAR).       Se       X         See instructions for filing requirements for FinCEN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR).       Se       X         Se Ded any taxable pary northy the organization the Sem 886 f?       Ge       Se       X         B       If "Yes," to line 5a or 5b, did the organization are serves statement that such contributions or gifts were not tax deductible as charitable contributions?       Ge       Ge         D If "Yes," did the organization nucled where y solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         7 Organization neet a payment in coxes of 3 made parth as a conthibutian and party for grobads and services provided to the payor?       Te       X         11 "Yes," did the organization neetwa payment in coxes of 3 m	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       3a       X         3a       Diff the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►       3b       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►       4a       X         5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       U dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that may receive deductible contributions under section 170(c).       6a       X         7       Organization stat adductible?       7a       X         8       0       7a       X         9       11 * %s, "id the organization include with every solicitation and party for goods and services provided T       7a         7       7a       X       7a       X <td></td> <td>filed for the calendar year ending with or within the year covered by this return 2a 1</td> <td></td> <td></td> <td></td>		filed for the calendar year ending with or within the year covered by this return 2a 1			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit "Yes," has it lide a Form 980 Tor this year? if "No," to line 3b, provide an explanation in Schedule 0       3b       3b         bit "Yes," has it lide a Form 980 Tor this year? if "No," to line 3b, provide an explanation in Schedule 0       3b       4a         bit "Yes," that it lide a Form 980 Tor this year? if "No," to line 3b, provide an explanation or ther authority over, a financial account; or other authority over, a financial account; or a prohibited ta shaft transaction?       4a       X         bit "Yes," to line organization parts for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).       5a       X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction?       5a       X         bit "Yes," to line bas or 5b, did the organization file Form 88861?       6a       X         cit "Yes," to line organization nucled with werey solicitation an express statement that such contributions orgits were not tax deductible as charitable contributions?       6a       X         bit "Yes," did the organization nucled with werey solicitation an express statement that such contributions orgits were not tax deductible as charitable contributions?       7a       X         bit "Yes," did the organization nucles apprent in excess of 37s made party as a contribution and sartify orgonization accelse apprent in excess of 37s made party as coreroble exproved?       7c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If 'Yes,' has it filed a Form 990-T for this yea? If 'No,' to line 3b, provide an explanation in Schedule O       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, executities account, or other authority over, a financial accounts of the foreign country: ▶       4a       X         b       If 'Yes,' enter the name of the foreign country: ▶		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign county (such as a bark account, securities account, or other financial account?)       4a       X         b If "Yes," that the harms of the foreign county:>>       See instructions for fling requirements for FInCEN Form 114, Report of Foreign Bark and Financial Account?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the taxy ser?       5a       X         b Did any taxable party notify the organization file Form 8886-17       5a       5a       X         6a       Dost be organization area would gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation and party for goods and services provided to the part?       7a       X         b If "Yes," did the organization netwy the donor of the value of the goods or services provided?       7b       7a       X         b Did the organization netwy the donor of the value of the goods or services provided?       7b       7c       X         d If "Yes," indicate the number of Forms 222 filed during the year       7d       7d       7t         b Did the organization neevies any third, directly or indirectly, on a personal benefit contract?       7t       7t         f If the organization neevies any third, directly or indirectly, for pay pretinms on a personal benefit	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country.     4a     X       b     If 'Yes,' enter the name of the foreign country.     5e     5e       See instructions for fining requirements for FinicEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       5a     Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a       5a     Was the organization aparty to a prohibited tax shelter transaction?     5b       6a     X       7b     Tryes,' to line 5a or 5b, did the organization file form 8886-17     5a       6a     X     5a       7b     Tryes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions?     6a       7b     Tryes,' did the organization noclude with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and services provided?     7a       7b     Tryes,' did the organization noclude solicy or discide y a contribution and party for which it was required to file form 82827     7b       7c     X     Tryes,' indicate the number of Forms 8282 filed during the year     7d       7c     X     Tryes,' indicate the number of Forms 8282 filed during the year     7d       7d     Tryes,' indicate the number	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b       If "Yes," enter the name of the foreign country.       See instructions for tining requirements for FinCEN Foreign Bank and Financial Accounts (FBAR).         Se Was the organization approximation that the was or is a party to a prohibed tax shelter transaction?       56       X         b Did any taxable party notify the organization that th was or is a party to a prohibed tax shelter transaction?       56       X         b Did any taxable party notify the organization that th was or is a party to a prohibed tax shelter transaction?       56       X         b If "Yes," it oline 5a or 5b, did the organization include with were y solicitation an express statement that such contributions or gifts       66       X         b If "Yes," id the organization nelude with werey solicitation an express statement that such contributions or gifts       68       X         b If "Yes," id the organization network a payment in excess of 3/5 made party is as contributions and party for goods and services provided to the payor?       7a       X         f If "Yes," id the organization network a payment in excess of 3/5 made party is a contribution of party for which it was required to file Form 8282?       7d       7d       X         f If "Yes," id didate the number of Forms 8282 filed during the year       7d       7d       X       7d       X         f If "Yes," indicate the number of Forms 8282 filed during the year?       7d       7d       7d       7d       7d       7d       7d       7d	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5a Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of 55 made partly as a contribution of 170(c).       6b       7a       X         7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7c       X         7 If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d       7d         9 Did the organization, dring the year, pay premiums, directly or indirectly, to a personal benefit contract?       7f       7d       2d         9 Did the organization maintaining door advised funds. Did a donor advised fund.       9a       9a <td></td> <td>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td> <td>4a</td> <td></td> <td>X</td>		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5c     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     6c     X       7b     Diff Ves; '' did the organization include with very solicitation an express statement that such contributions or gitts were not tax deductible contributions under section 170(c).     6d     X       a     Diff the organization include with very solicitation an express statement that such contributions or gitts were not tax deductible contributions under section 170(c).     7a     X       a     Diff the organization receive a payment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payor?     7a     X       b     Diff the organization netwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d     Diff the organization receive any funds, directly or indirectly, fo pay premiums on a personal benefit contract?     7c     X       f     Did the organization receive any funds, directly or indirectly, fo pay premiums on a personal benefit contract?     7t     7g       f     Did the organization neceive a contribution of cars, boats, ainplanes, or other vehicles, did the orga	b	If "Yes," enter the name of the foreign country: ►			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8888-7       5c       5c         B       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         0       If "Yes," did the organization necleve deductible contributions under section 170(c).       6b       6b         10       Bud magnization necleve any entime in excess of 57 made party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization necleve any funct in excess of 57 made party as a contribution and party for goods and services provided to the payor?       7a       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [Zd]       7c       X         d       Did the organization necelve any functs, directly or indirectly, in pay premiums on a personal benefit contract?       7t       7t         g       If the organization necelved a contribution of qualified mellectual property, did the organization face indicates anglinate, or other vehicles, did the organization face indicates anglinate, or other vehicles, did the organization face indicates anglinate, or other vehicles, did the organization face in		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17         Ge       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1xa deductible as chartbalke contributions?       Ge         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge         c       Organizations that may receive deductible contributions under section 170(c).       Bid the organization notify the donor of the value of the goods or services provided to the payor?       7a       X         d       If "Yes," did the organization and, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       7e         d       If Yes, "indicate the number of Forms 8282 filed during the year?       7d       7e       7f         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7e         f       Id the organization receive any funds, directly or indirectly, and pares, or other vehicles, did the organization file a Form 1088C?       7h         h       If the organization receive any funds, directly or indirectly, no apersonal benefit contract?       7t       7t <tr< th=""><td>5a</td><td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td><td>5a</td><td></td><td></td></tr<>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       Ga       X         b If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         7       Organization stat may receive deductible contributions under section 170(c).       Bit Horganization receive apyment in excess of 3/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization sell, exchange, or otherwise dispose of tanjble personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year.       [Zd]       7f       7c       X         d If the organization receive any funds, directly or indirectly, to pay premiums, directly or na personal benefit contract?       7f       7f       7f         g If the organization inceive as contribution of cars, boats, anplanes, or other vehicles, did the organization file a Form 1080c?       8       9         Sponsoring organization make any taxable distributions under section 4966?       9a       9a </th <td>b</td> <td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td> <td>5b</td> <td></td> <td>Х</td>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
any contributions that were not tax deductible as charitable contributions?       6a       X         b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       a bid the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         b If 'Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X       X         d If 'Yes," indicate the number of Forms 8282? filed during the year       [7d]       7d       7c       X         d If 'Yes, any indicate the number of Forms 8282? filed during the year       [7d]       7d       7d       7d         f Id the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7g       7h       7d       7d       7h       7d       7d       7h       7g       7h       7d       7h       7g       7h       7d	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         9       Did the organization such excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         10       the organization such, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         11       Yes," indicate the number of Forms 8282 filed during the year       7d       7e       7         12       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         12       If the organization received a contribution of cars, boats, aiplange, or other vehicles, did the organization file a Form 1098-C?       7h       7g         13       If the organization have excess business holdings at any time during the year?       8       9       9a       9b         24       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9a       9b       9b       9a       9b       9a       9b       9b       9b       9a       9b       9a       9b       9a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       9 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d ff "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     7g       f the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7n     7g       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7n     7n       8     9     Sponsoring organization make any taxable distributions under section 4966?     9a     9b       9 Did the sponsoring organization make any taxable distributions under section 4966?     9a     9b       10 Section 501(c)(7) organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised nucl anutation to the sources against ano make a distribution to a donor, donor advised nucl anutation to the form 1041?     9a       10 Section 501(c)(2) organization make a distribution to a donor, donor advised nucl anutation to th		any contributions that were not tax deductible as charitable contributions?	6a		X
7       Organizations that may receive deductible contribution under section 170(c).       a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof       7a       X         7b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       Z         7c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         9       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7       7d	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7e       X         d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7d		were not tax deductible?	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       70         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       72       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       7n         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9a       9b       9a       9b       9b       9b       9a       9b       9b       9b       9b       9b       9b       9a       9b       9a       9b       9a       9a       9b       9b       9a       9b       9b       9a       9b       9b       9a       9b       9a       9b       9b       9a       9b       9b       9a<	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       7e         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e       7e         f       Did the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?       7f       7f       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       7h       7h       7d       7d <td></td> <td></td> <td>7a</td> <td></td> <td>X</td>			7a		X
to file Form 8282?       7c       X         d If 'Yes,' Indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       1         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       1         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       1         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       1         8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       90       90         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10a       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       12a       12a       12a         13 Section 501(c)(22) qualified nonprofit health plans in more than one state?       12a       13a       13a         14 Section 501(c)(22) qualified nonprofit health plans in more than one sta	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7g         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1088-02?       7h       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Sponsoring organizations maintaining donor advised funds.       9a       9       9a       9         10 the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9b       9a       9b       9b       9a       9b       9c       9c	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7g         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10a       10b		to file Form 8282?	7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a       10b         10       Section 501(c)(12) organizations. Enter:       10a       10b       11a         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         12       Section 501(c)(12) organizations. Enter:       10a       10b       11a         13       Section 501(c)(12) organizations. Enter:       11a       11b       12a         14       Section 501(c)(2)1 organizations. Enter:       12a       12a       12a         15       Gro	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       9b         10       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(7) organizations. Enter:       11a       11b       12a         a Gross income from members or shareholders       11a       11b       12a         b Gross income from members or shareholders       11a       11b       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         13a       Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14a       X       13b       13c       13a       14a       X         b If "Yes," has it fi	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       11b       12a         13       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a       12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a         a Gross income from members or shareholders       11a       11b       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b Inter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	9	Sponsoring organizations maintaining donor advised funds.			
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a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization receives on hand       13c       Image: Comparization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       Image: Comparization in Schedule O					
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Constant of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Constant of the serves on hand       Image: Constant of the serves on han			40		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b	а		13a		-
organization is licensed to issue qualified health plans       13b       13b       13b         c Enter the amount of reserves on hand       13c       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b					
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44-		Y
					127
	0	in res, has it lieu a roinn 720 to report these payments (in ivo, provide an explanation in Schedule O		900	(2017)

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Form 990	(2017)
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CLAIRE'S PLACE FOUNDATION, INC. 45-2453459 Page 6

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

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

4.0	Fater the second system as a share of the second system is shared at the second of the structure	<b>4</b> -	0	Yes	N
	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	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 in Schedule 0.				
	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		_		
	officer, director, trustee, or key employee?		2		Г
	Did the organization delegate control over management duties customarily performed by or under th		·		t
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
	Did the organization make any significant changes to its governing documents since the prior Form 9				
	Did the organization become aware during the year of a significant diversion of the organization's as				T
	Did the organization have members or stockholders?		·		T
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
	more members of the governing body?	•	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				t
	persons other than the governing body?		7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				t
	The governing body?		8a	х	Г
b	Each committee with authority to act on behalf of the governing body?		8b	x	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
			-	Yes	
l0a	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such cl				Γ
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				Γ
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		. 12c		
	Did the organization have a written whistleblower policy?				
	Did the organization have a written document retention and destruction policy?		. 14		
	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official				╞
	Other officers or key employees of the organization		. 15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		. <b>16a</b>		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?		. 16b		L
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA		· ···		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	in Cohodula ()			
		in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntlict of interest policy, a	and finar	icial	
	statements available to the public during the tax year.	alea and essent 🕨			
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records:			
20	HAROLD KERN CPA, INC. $-310-205-2333$				
20	HAROLD KERN CPA, INC 310-205-2333 9401 WILSHIRE BOULEVARD, SUITE 700, BEVERLY HILLS,	CA 90212			

Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest Co	mpensated
	Employees, and Independer	nt 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any relat	d organization com	npensated any cu	urrent officer, dii	rector, or trustee
----------------------------------------------------------	--------------------	------------------	---------------------	--------------------

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				Ð		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			en sate		(W-2/1099-MISC)	(	organization
	organizations	l trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MELISSA J NORDQUIST	line)	Ind	lns	ŧ	Ke	Em	P.			
CHIEF EXECUTIVE OFFICER	40.00			x				59,100.	0.	0.
(2) SEAN SMITH	40.00							55,100.	••	0.
SECRETARY	40.00			х				0.	0.	0.
(3) PATRICIA DIXON	40.00								Ŭ.	
CHIEF EXECUTIVE OFFICER				х				0.	0.	0.
							$\vdash$			
732007 11-28-17										Form <b>990</b> (2017)

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	990 (2017) CLAIRE'S									45-24	153	459	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghe	st C					(5)	
	<b>(A)</b> Name and title	(B) Average hours per week	box, offic	not cl unles	ss pei	<b>ition</b> more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
1h	Sub-total								59,100.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 59,100.		0.			0.
2	Total number of individuals (including but no compensation from the organization							no re	-	,000 of reportabl	е			0
3	Did the organization list any <b>former</b> officer,												Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	ation	n and	d otl	-	the organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	ccrue comper	nsati	on f	rom	any	unr	elat	ted organization or indiv	idual for services		5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated inc	lepe	ende	ent c	ontr	racto	ors t	that received more than	\$100.000 of com	pens	ation	from	
	the organization. Report compensation for t										·			
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	С	<b>(C</b> compe	<b>;)</b> nsatio	<u>ו</u>
								_						
	Total number of independent context (				d + -	+	oc."			ages there				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•		nite	u 10		se lis )	siec	a above, who received h	iore than		Form	<b>990</b> (2	2017)

732008 11-28-17

		(2017) CLAIRE'S PLACE FOUNI	DATION, INC.	45-2453459 Page 9
Pa	rt VI	I Statement of Revenue		
		Check if Schedule O contains a response or note to any	y line in this Part VIII	
			(A) (B) Total revenue Related exempt fun revenue	ction business room tax under sections
nts nts	1 a	Federated campaigns 1a		
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b		
ts, An		Fundraising events		
Gif		Related organizations 1d 50,000		
Sin',		Government grants (contributions) 1e	_	
utic	f	All other contributions, gifts, grants, and		
trib Otb		similar amounts not included above 1f	-	
Con	-	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	50,000.	
<u> </u>		Business Co		
e,	2 8			
e rvio	- k			
Se	c			
ram leve	c			
Program Service Revenue	e			
ē	f			
		Total. Add lines 2a-2f		
	3	Investment income (including dividends, interest, and		
		other similar amounts)		
	4 5			
	5	Royalties (i) Real (ii) Persona		
	6 -	Gross rents		
		Less: rental expenses	-	
		Rental income or (loss)		
		Net rental income or (loss)		
	7 a	Gross amount from sales of (i) Securities (ii) Other		
		assets other than inventory		
	k	Less: cost or other basis		
		and sales expenses	_	
		Gain or (loss)		
		Net gain or (loss)	•	
anı	88	Gross income from fundraising events (not including \$ of		
sver		contributions reported on line 1c). See		
r Re		Part IV, line 18 a 284,421	L.	
Other Revenue	k	Less: direct expenses b 54,650	5.	
0	c	Net income or (loss) from fundraising events	229,765.	229,765.
	9 a	Gross income from gaming activities. See		
		Part IV, line 19 a		
		Less: direct expenses b	_	
		Net income or (loss) from gaming activities	►	
	10 a	Gross sales of inventory, less returns		
	ŀ	and allowances a Less: cost of goods sold b	-	
		Net income or (loss) from sales of inventory		
		Miscellaneous Revenue Business Co	ode	
	11 a			
	k			
	c	·		
		All other revenue		
		Total. Add lines 11a-11d		0 0 000 765
	12	Total revenue. See instructions.	279,765.	0. 0. 229,765.
73200	9 11-2	8-17		Form <b>990</b> (2017)

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CLAIRE'S PLACE FOUNDATION, INC.

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	60.040	<u> </u>		
	individuals. See Part IV, line 22	60,842.	60,842.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	E0 100		E0 100	
	trustees, and key employees	59,100.		59,100.	
	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)				
	Other employee benefits				
	Payroll taxes	4,768.		4,768.	
1	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
	Advertising and promotion	2,701.		2,701.	
		2,701.		2,701.	
	Information technology				
		861.		861.	
	Travel Payments of travel or entertainment expenses	0011			
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	IRS TAX PRIOR YEARS	5,100.		5,100.	
a b	FRANCHISE TAX BOARD	5,100.		56.	
c					
d	-				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	133,428.	60,842.	72,586.	0
	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 Filling in the following SOP 98-2 (ASC 958-720)				

732010 11-28-17

11430903 754953 2848

2017.04010 CLAIRE'S PLACE FOUNDATION,

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Form **990** (2017)

2848___1

11430903 754953 2848

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

Form 990 (2017)

Assets

Liabilities

Net Assets or Fund Balances

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			23,641.	1	169,978.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				З	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	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 1				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 equa			23,641.	16	169,978.
	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 I				21	
	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
						22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
	~~	Schedule D			0.	25	0.
-	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ └── and			
	07	complete lines 27 through 29, and lines 33 an				07	
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29			Nata da barra N 🔽		29	
		Organizations that do not follow SFAS 117 (A	JOC 958	oj, check nerê 🗩 🕰			
	00	and complete lines 30 through 34.			0.	00	0.
	30	Capital stock or trust principal, or current funds			0.	30	0.
	31	Paid-in or capital surplus, or land, building, or ec			13,153.	31 32	159,490.
	32 22	Retained earnings, endowment, accumulated in			23,641.	32	169,978.
	33 24	Total net assets or fund balances			23,641.		169,978.
	34	Total liabilities and net assets/fund balances			2J,04I.	34	109,970.

Form 990 (2017)

Form	1990 (2017) CLAIRE'S PLACE FOUNDATION, INC.	45-245	3459	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
			. – .	_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>65</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			28.
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	8,6	41.
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			0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		160		70
Da	column (B))	10	103	,9	78.
га	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		20		
	separate basis, consolidated basis, or both:	Jona			
	Separate basis Consolidated basis Both Consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	Зb		
			Form	<b>990</b> (	2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)
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## 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
2017
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	e of t	he organization							identification number
Der	<b>1</b>			FOUNDATION,					5-2453459
Par		Reason for Public (			-			S.	
	rgan	ization is not a private found							
1		A church, convention of ch					1)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	onjunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	_	city, and state:							
5		An organization operated for		ollege or university owne	d or opera	ted by a g	overnmental ı	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C							
6	_	A federal, state, or local gov	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	ally receives a substa	antial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	, and state o	f the colleg	le or
	_	university:							
10		An organization that norma							
		activities related to its exen							
		income and unrelated busir		e (less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
1		See section 509(a)(2). (Cor	•						
11		An organization organized a							
12		An organization organized a						-	
		more publicly supported or							Check the box in
	_	lines 12a through 12d that	• •					-	
а		<b>Type I.</b> A supporting orga							
		the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
	_	organization. You must o	-						
b		<b>Type II.</b> A supporting org					-		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus	-						
С		J Type III functionally inte						lly integrate	ed with,
		its supported organization							
d		J Type III non-functionally						-	
		that is not functionally int	<b>v</b>	• •	•		•	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or							
		er the number of supported o	•						
g		vide the following informatior i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of	monetarv	(vi) Amount of other
	,	organization		(described on lines 1-10	Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))					
			1						
Tota									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 14

2017.04010 CLAIRE'S PLACE FOUNDATION, 2848___1

 Schedule A (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC.
 45-24534

 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	66,358.	67,105.	75,184.	98,275.	334,421.	641,343.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	66,358.	67,105.	75,184.	98,275.	334,421.	641,343.
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.						641,343.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	(f) Total 641,343.
7	Amounts from line 4	66,358.	67,105.	75,184.	98,275.	334,421.	641,343.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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						641,343.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				100 00
	Public support percentage for 2017 (I		-				100.00 %
	Public support percentage from 2016						100.00 %
<b>16</b> a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	•				-	
	more, and if the organization meets the						;
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule & (Form 990	or 990-E7) 2017

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

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### Schedule A (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC. 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
_	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	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	<b>First five years.</b> If the Form 990 is for t	the organization'	's first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) o	rganization,
	check this box and stop here						
See	ction C. Computation of Public	c Support Pe	ercentage				
	Public support percentage for 2017 (lir			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Invest					•	
	Investment income percentage for 201					17	%
18	Investment income percentage from 2					18	%
	<b>133 1/3% support tests - 2017.</b> If the c						
	more than 33 1/3%, check this box an	-					
b	<b>33 1/3% support tests - 2016.</b> If the c	organization did I	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1	/3%, and
_	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	t box on line 14, 19	9a, or 19b, check th			
320	23 10-06-17			1.0	Sch	edule A (For	m 990 or 990-EZ) 2017
	^{23 10-06-17} )903 754953 2848	20	17.04010	16 CLAIRE'S 1			

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC. Part IV Supporting Organizations (continued)

			V.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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		
Sec	tion 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		
Sec	tion 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst	ructions	5)	
2	Activities Test. Answer (a) and (b) 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2U		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations? <i>Provide details in</i> <b>Part VI</b>	3a		
L.	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
72000			0-E7	2017
13202	5 10-06-17 Schedule A (Form 9	50 01 98	/U-L'Z)	2017

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## Schedule A (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC. 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.

	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		r	
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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		
	Distribute ble Americant Culture time 5 from line 4 unlage subject to			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
-	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
				(Farma 000 an 000 F3) 0017

Schedule A (Form 990 or 990-EZ) 2017

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IRE'S PLACE FOUNDATION, INC.	45-2453459 Page
Provide the explanations required by Part II, line 10; Part II, linc, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line art V, Section E, lines 2, 5, and 6. Also complete this part for an art V.	B, lines 1 and 2; Part IV, Section C, a 1; Part V, Section B, line 1e; Part V,
A.	
	Schedule A (Form 990 or 990-EZ) 2
21	;
	Provide the explanations required by Part II, line 10: Part II, line 10: Part II, line 10: Part II, line 10: Ac, 5a, 6, 8a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section II, Section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete this part for an analysis of the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, 5, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the section E, lines 2, and 6. Also complete the secti

### Schedule of Contributors

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

INC.

CLAIRE'S PLACE FOUNDATION,

OMB No. 1545-0047

Employer identification number

45-2453459

Organization type (check o	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of	oraa	nization

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45-2453459

### CLAIRE'S PLACE FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BESSEMER TRUST 10250 CONSTELLATION BLVD, #2600 LOS ANGELES, CA 90067	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET LOS ANGELES, CA 90012	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CALIFORNIA COMMUNITY FOUNDATION 221 S. FIGUEROA STREET LOS ANGELES, CA 90012	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
723452 11-0 430903	¹⁻¹⁷ 23 3 754953 2848 2017.04010 CLAIRE		990, 990-EZ, or 990-PF) (2017)

Employer identification number

45-2453459

CLAIRE'S PLACE FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—   —		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-17		\$	990, 990-EZ, or 990-PF)

	the year from any one contributor. Complete completing Part III, enter the total of exclusively religio	columns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,00 ing line entry. For organizations ess for the year. (Enter this info. once.) \$\$
	Use duplicate copies of Part III if additio		· · ·
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
<u> </u>			
a) No.	(h) Durness of sift		(d) Decertification of how sift is hold
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
from	(b) Purpose of gift	(c) Use of gift	
from	(b) Purpose of gift	(e) Transfer of gift	
from Part I		(e) Transfer of gift	
from		(e) Transfer of gift	
from Part I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held
from Part I	Transferee's name, address, a	(e) Transfer of gift  (c) Use of gift  (c) Use of gift  (c) Use of gift  (c) Transfer of gift	Relationship of transferor to transferee         (d) Description of how gift is held

SCHEDULE G	Supplana	ntal Information Bogard	ina Eun	draid	ing or Coming	A otiviti		OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regard	-					2017
		organization entered more than				,		
Department of the Treasury Internal Revenue Service		Attach to Form						Open to Public nspection
Name of the organization	1	► Go to www.irs.gov/Form99	o tor th	e late	st instructions.	Em		ntification number
		S PLACE FOUNDATI	ON. I	NC.			5-2453	
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>g X Special fundraising events</li> <li>d In-person solicitations</li> </ul>								
key employees liste	ed in Form 990, P highest paid indi [,]	or oral agreement with any individ Part VII) or entity in connection wi viduals or entities (fundraisers) p e organization.	th profess	ional f	fundraising services?	•	<b>Yes</b> Yes	
(i) Name and address or entity (fund		(ii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or re func	ount paid tained by) draiser in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
THRIVE - 4455 PARAI LAS VEGAS , NV 891	•	FUNDRAISING	Yes	No X	120,369.		0.	120,369.
GLOBAL INC - 1110 V AVENUE, WASHINGTON		FUNDRAISING		x	37,998.		0.	37,998.
RIKI'S RIDE - 301 W STREET , ROYAL OAK		FUNDRAISING		x	17,948.		0.	17,948.
GLOW RIDE - 301 W 4 ROYAL OAK, MI 4806	57	FUNDRAISING		x	7,079.		0.	7,079.
KLICK INC - 175 BLC TORONTO , CANADA		FUNDRAISING		x	6,755.		0.	6,755.
KATHIES BRIDAL SHOW BRISTOL STREET, COS	STA MESA,	FUNDRAISING		x	5,471.		0.	5,471.
CAL COMMUNITY FOUNI								
211 S. FIGUEROA STR VERTEX - P.O. BOX 5		FUNDRAISING		X	5,000.		0.	5,000.
BOSTON, MA 02110	52380 ,	FUNDRAISING		x	5,000.		0.	5,000.
YEAR END GIVING - 1	110	FUNDRAISING		^	5,000.			5,000.
VERMONT AVENUE, WAS		FUNDRAISING		x	5,000.		0.	5,000.
FACEBOOK - 1140 CON	-				5,000.			5,000.
AVENUE, WASHINGTON		FUNDRAISING		x	4,582.		0.	4,582.
Total					215,202.	1 11 1		215,202.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

Part II

(Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC. 45-2453459 Page 2 **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro		· · · · · · · · · · · · · · · · · · ·		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FUNDRAISER			(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			() /	(	(	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
xper	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		•	
		Net income summary. Subtract line 10 from li				
Pa	rt I	<b>III Gaming.</b> Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
<u> </u>	1	Gross revenue				
ŝ	2	Cash prizes				
ense						
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
-	5	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		□ No //		
	_					
	<b>'</b>	Direct expense summary. Add lines 2 through	1 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
		ter the state(s) in which the organization condu	· · · _			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
L,		Yes," explain:				
7320	32 09	9-13-17			Schedule G (For	rm 990 or 990-EZ) 2017

27 2017.04010 CLAIRE'S PLACE FOUNDATION, 2848___1

Sched	dule G (Form 990 or 990-EZ) 2017 CLAIRE'S PLACE FOUNDATION, INC. 45-2	2453	459	Page
	Does the organization conduct gaming activities with nonmembers?		Yes	
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to	o administer charitable gaming?		Yes	
<b>13</b> Ir	ndicate the percentage of gaming activity conducted in:			
	he organization's facility			
	n outside facility	13b		
<b>14</b> E	inter the name and address of the person who prepares the organization's gaming/special events books and records:			
N				
A	Address			
<b>15a</b> D	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
	f "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$ \$			
<b>c</b> If	"Yes," enter name and address of the third party:			
N				
А	Address			
<b>16</b> G	Gaming manager information:			
N	Vame			
G	Gaming manager compensation 🕨 \$			
	Description of services provided			
-				
-				
	Director/officer Employee Independent contractor			
	Aandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	etain the state gaming license?		Yes	
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Part	rganization's own exempt activities during the tax year ▶ \$ <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9	9h 1(	h 15
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1163 3,	, 3D, 10	<i>b</i> , 10
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	\S:		
(I)	NAME OF FUNDRAISER: GLOBAL INC			
(I)	ADDRESS OF FUNDRAISER: 1110 VERMONT AVENUE, WASHINGTON , DC	20	005	
(I)	NAME OF FUNDRAISER: KATHIES BRIDAL SHOWER			
( 1 )	NAME OF FUNDRAISER. RAINIES BRIDAD SHOWER			
(I)	ADDRESS OF FUNDRAISER: 3420 BRISTOL STREET, COSTA MESA, CA	926	26	
<u> /</u>			_ •	
(I)	NAME OF FUNDRAISER: CAL COMMUNITY FOUNDATION			
32083	09-13-17 Schedule G (Forr	n 990	or 990	-EZ) 2
	28			
309	003 754953 2848 2017.04010 CLAIRE'S PLACE FOUNDATION	,	2848	3

Chedule G (Form 990 or 990-EZ) CLAIRE'S PLACE FOUNDATION, INC. Part IV Supplemental Information (continued)	45-2453459 Page 4
(I) ADDRESS OF FUNDRAISER:	
211 S. FIGUEROA STREET, SUITE 400, LOS ANGELES, CA 90012	
TI 5. FIGUEROA SIREEI, SUITE 400, DOS ANGEDES, CA 90012	
I) NAME OF FUNDRAISER: YEAR END GIVING	
	DG 20005
(I) ADDRESS OF FUNDRAISER: 1110 VERMONT AVENUE, WASHINGTON,	, DC 20005
Sc	chedule G (Form 990 or 990-EZ)
32084 04-01-17 <b>29</b>	

11430903 754953 2848

2017.04010 CLAIRE'S PLACE FOUNDATION, 2848___1

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 990-EZ.	-EZ 2017 Open to Public Inspection
Name of the organization	► Go to www.irs.gov/Form990 for the latest information. CLAIRE'S PLACE FOUNDATION, INC.	Employer identification numb 45-2453459
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
AND OTHER LIFE	THREATENING DISEASES, AS WELL AS THEIR FAM	ILIES FOR
THE PURPOSE OF	IMPROVING THEIR QUALITY OF LIFE.	
FORM 990, PART UPON REQUEST.	VI, SECTION B, LINE 11B:	
<u> ГОРМ 990 рарт</u>	VI, SECTION C, LINE 19:	
UPON REQUEST.	VI, SECTION C, DINE 19.	
HA For Paperwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched	lule O (Form 990 or 990-EZ) (20
^{732211 09-07-17}	30 2848 2017.04010 CLAIRE'S PLACE FOUN	IDATION, 2848

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STATE COPY  $\mathbf{S}$ 

CLAIRE'S PLACE FOUNDATION, INC. 2110 ARTESIA BOULEVARD, NO. 819 REDONDO BEACH, CA 90278

> FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

# TAXABLE YEARCalifornia Exempt Organization2017Annual Information Return

20	Annual Information Return				199
Calendar Ye	ar 2017 or fiscal year beginning (mm/dd/yyyy) , and ending (	(mm/dd/yyy	/y)		
Corporation	Organization name	Cali	fornia corpo	ration r	number
~					
	E'S PLACE FOUNDATION, INC.		3357	095	
Additional in	formation. See instructions.	FE		4 5 3	450
Ctreat addre	ss (suite or room)		45-24 PMB no.	453	459
	ARTESIA BOULEVARD, NO. 819		T WID 110.		
City	AKIESIA DOULEVARD, NO. 019	State	ZIP code		
	DO BEACH	CA	9027	8	
Foreign cour			Foreign po		de
	turnYes 🔀 No 🖌 If exempt under R&TC S	ection 237	01d, has t	he org	anization
B Amend	ed Return • Yes 🔀 No 🛛 engaged in political activ	vities? See i	instructior	IS	
C IRC Se	ction 4947(a)(1) trust Yes 🔀 No 🛛 K Is the organization exem	-			-
D Final In	formation Return? If "Yes," enter the gross i	-			
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized L If organization is exempting				
	te: (mm/dd/yyyy) • and meets the filing fee 6	• •			·
	accounting method: (1)Cash (2) X _{Accrual} (3)Other fee is required. return filed? (1) ●990T(2) ●990PF (3) ●Sch H ( 990) M Is the organization a Lim	vitad Liabilit	hy Compar		• Yes X No
	Other 990 series <b>N</b> Did the organization file				
				00 10	• Yes X No
	prganization in a group exemption Yes X No 0 Is the organization under	r audit bv tl	he IRS or I	has the	e
	what is the parent's name? IRS audited in a prior year				
	P Is federal Form 1023/10	24 pending	?		Yes X No
	organization have any changes to its guidelines Date filed with IRS				
	orted to the FTB? See instructions • Yes X No				
Part I	Complete Part I unless not required to file this form. See General Information B and C.		r		004 401
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	284,421. ₀₀
	2 Gross dues and assessments from members and affiliates	стмт		2	<u> </u>
Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts received</li> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see General Information B</li> </ul>	•		4	334,421.00
and	5 Cost of goods sold		00	- 1	5517121000
Revenues	5       Cost of goods sold       •       5         6       Cost or other basis, and sales expenses of assets sold       •       6		00		
	7 Total costs. Add line 5 and line 6			7	00
	8 Total gross income. Subtract line 7 from line 4			8	334,421. ₀₀
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		•	9	188,084. ₀₀
LAPEIISES	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	146,337. ₀₀
	11 Total payments		•	11	00
	12 Use tax. See General Information K			12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
Filing Fee				14 15	00 10.00
	<ul> <li>15 Filing fee \$10 or \$25. See General Information F</li> <li>16 Penalties and Interest. See General Information J</li> </ul>		Г	16	00 00
	<ul> <li>16 Penalties and Interest. See General Information J</li> <li>17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result</li> </ul>			17	10.00
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stater it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pr	ments, and to	the best of	my kno	owledge and belief,
Sign Here	Title	Date		, 	• Telephone
TICLC	Signature Signature State DI				310-922-6827
	Date	Check	if		● PTIN
	Preparer's signature	self-en	nployed		P00055182
Paid	Firm's name				
Preparer's	(or yours, if self-				68-0537839 • Telephone
Use Only	employed) and address BEVERLY HILLS, CA 90212-2944				310.205.2333
	May the FTB discuss this return with the preparer shown above? See instructions		• X		
	וויומא מופרדם מופרמפט מווט ופנעודו אינוו מופ אופאמולו טווטאון מאטעל? סלל וווטנוענוטווט	·····	[ 23	J Yes	No No

022 3651174

L

#### CLAIRE'S PLACE FOUNDATION, INC.

## 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.

728951 12-06-17

146,337.

	•					
	1 Gross sales or receipts from all	business activities. See instruc	tions	•	1	284,421. ₀₀
	2 Interest			•	2	00
	3 Dividends			•	3	00
Receipts	4 Gross rents			•	4	00
from	5 Gross royalties	•	5	00		
Other	6 Gross amount received from sa	•	6	00		
Sources	7 Other income			•	7	00
	8 Total gross sales or receipts fro				8	284,421. ₀₀
	9 Contributions, gifts, grants, and	similar amounts paid		•	9	60,842. ₀₀
	10 Disbursements to or for member	rs		•	10	00
	11 Compensation of officers, direct	TEMENT 2 •	11	59,100. ₀₀		
	12 Other salaries and wages			•	12	00
Expenses					13	00
and	14 Taxes				14	4,768.00
Disburse					15	, 00
ments	16 Depreciation and depletion (See				16	00
monto	17 Other Expenses and Disbursem	ents	SEE STA	ΤΕΜΕΝΤ 3	17	63,374.00
	18 Total expenses and disburseme	ints Add line 9 through line 17	Enter here and on Side 1 P	art I line Q	18	188,084.00
Sched		Beginning of			of taxab	
Assets		(a)	(b)	(c)		(d)
		(4)	23,641.	(0)	•	169,978.
			23,041.		•	105,570.
	ccounts receivable					
	otes receivable				•	
	tories				•	
	al and state government obligations				•	
	tments in other bonds				•	
	tments in stock				•	
	page loans				•	
9 Other	investments				•	
10 a De	preciable assets					
	ss accumulated depreciation	( )		(	)	
					•	
	assets				•	
13 Total	assets		23,641.			169,978.
	s and net worth					
	unts payable				•	
	ibutions, gifts, or grants payable				•	
	s and notes payable				•	
	gages payable				•	
	liabilities					
19 Capit	al stock or principal fund				•	
20 Paid-i	n or capital surplus. Attach reconciliation				•	
21 Retai	ned earnings or income fund		13,153.		•	159,490.
22 Total	liabilities and net worth		23,641.			169,978.
Sched		per books with income per re				
	Do not complete this sche	dule if the amount on Schedule		s than \$50,000.		
1 Net in	icome per books	• 146,3	37. 7 Income recorded	on books this year		
2 Feder	al income tax	•	not included in th	iis return		
3 Exces	ss of capital losses over capital gains 🚏	•	8 Deductions in thi	s return not charged		
	ne not recorded on books this year		against book inco	ome this year		)
	nses recorded on books this year not		9 Total. Add line 7			
-	cted in this return	•	10 Net income per re			

6 Total. Add line 1 through line 5

022

146,337.

3652174

Subtract line 9 from line 6

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	SI	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BESSEMER TRUST	10250 CONSTELLATION BLVD, #2600 LOS ANGELES, CA 90067	08/28/17	25,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S. FIGUEROA STREET LOS ANGELES, CA 90012	01/18/17	10,000.
CALIFORNIA COMMUNITY FOUNDATION	221 S. FIGUEROA STREET LOS ANGELES, CA 90012	08/28/17	15,000.
TOTAL INCLUDED ON LINE 3	3		50,000.
CA 199 COMPENSATIO	ON OF OFFICERS, DIRECTORS AND	TRUSTEES SI	TATEMENT 2
NAME AND ADDRESS MELISSA J NORDQUIST	TITLE AND AVERAGE HRS WOD CHIEF EXECUTIVE	RKED/WK C	COMPENSATION
2110 ARTESIA BOULEVARD, REDONDO BEACH, CA 90278	3		
SEAN SMITH 2110 ARTESIA BOULEVARD, REDONDO BEACH, CA 90278			0.
PATRICIA DIXON 2110 ARTESIA BOULEVARD, REDONDO BEACH, CA 90278		E OFFICER	0.
TOTAL TO FORM 199, PART	II, LINE 11	-	0.

-

=

CA 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
IRS TAX PRIOR YEARS FRANCHISE TAX BOARD DIRECT EXPENSES OF FUNDRAIS OFFICE EXPENSES TRAVEL	ING EVENTS	54,65 2,70	6. 6.
TOTAL TO FORM 199, PART II,	LINE 17	63,37	4.

#### CA 199

### Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

 WHERE TO FILE:
 Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

 FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

 Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

	WHEN TO FILE:	Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year. S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.							
		Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.							
	When the due date falls on a weekend or holiday, the deadline to file and pay without penalty								
	is extended to the next business day.								
	Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments								
mailed or submitted on April 17, 2018, will be considered timely.									

**ONLINE SERVICES:** Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

739035 11-29-17

_ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ DETACH HERE _ _ _ CAUTION: You may be required to pay electronically, see instructions. TAXABLE YEAR Payment Voucher for Corporations and Exempt CALIFORNIA FORM **Organizations e-filed Returns** 2017 3586 (e-file) 0000000 CLAI 45-2453459 3357095 17 FORM 3 01-01-2017 TYB TYE 12-31-2017 CLAIRES PLACE FOUNDATION INC 2110 ARTESIA BOULEVARD NO 819 REDONDO BEACH CA 90278 (310) 922-6827 Amount of Payment 10.

022

TAXABLE 1		fornia e-file Return Autho mpt Organizations	orizatio	on f	or				FORM 8453-EO		
Exempt Organi	ization name							Identif	ying number		
CLAIRI	E'S PLACE	FOUNDATION, INC.						45-	-2453459		
Part I E	Electronic Return I	nformation (whole dollars only)									
1 Total	gross receipts (Forn	199, line 4)						1	334,421. ₀₀		
	gross income (Form										
3 Total e	expenses and disbu	rsements (Form 199, line 9)						3	188,084. ₀₀		
Part II S	Settle Your Accoun	t Electronically for Taxable Year 2017									
4 E	Electronic funds with	ndrawal <b>4a</b> Amount		<b>4b</b> Wi	thdrawal c	date (mr	n/dd/yy	/yy)			
Part III Banking Information (Have you verified the exempt organization's banking information?)											
5 Routing					г			_			
6 Accour			<b>7</b> Ty	be of a	ccount:	Ch	ecking		Savings		
	Declaration of Offic			<b>D</b> 4							
l authorize tr on line 4a.	ne exempt organization	's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed									
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 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider the reason(s) for the delay.											
Sign Here	Signature of officer	Date	Title	CUTI	VE DI	RECI	FOR				
Part V D	Declaration of Flec	tronic Beturn Originator (FBO) and Paid Pre	parer.								
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file 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.											
ER	ERO's-				Check if		Check		ERO's PTIN		
	gnature				also paid preparer	X	if self- employe	ed 🗌	P00055182		
	m's name (or yours	HAROLD KERN CPA INC			I			FEIN	68-0537839		
	•										
		BEVERLY HILLS, CA							ode 90212-2944		
		e that I have examined the above organization's retur nd complete. I make this declaration based on all info					tements	, and	to the best of my knowledge		
Paid Prepare	Paid preparer's signature			Date		Check if self- employed		-	Paid preparer's PTIN		
Must	Firm's name (or yours	enipioyed					·~	FEIN			
Sign	if self-employed)										
								ZIP code			
For Privac	y Notice, get FTB 1	131 ENG/SP.							FTB 8453-EO 2017		

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