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

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

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CLIENT'S COPY

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

October 2, 2021

Claire's Place Foundation, Inc. 2110 Artesia Boulevard No. 819 Redondo Beach, CA 90278 Attention: Melissa Nordquist

Dear MELISSA

Enclosed is the organization's 2020 Exempt Organization return. The state Exempt Organization return is also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

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

CALIFORNIA FORM 199 RETURN:

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

No payment is required.

Please review the return for completeness and accuracy.

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

Very truly yours,

HAROLD KERN CPA INC

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

2020 FORM 990

Electronic Filing:

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2020 CALIFORNIA FORM 199

No payment is required.

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

	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Form 8879-EO			
	For calendar year 2020, or fiscal year beginning, 2020, and ending	, 20	2020
Department of the Treasury	Do not send to the IRS. Keep for your records.		
Internal Revenue Service Name of exempt organization	Go to www.irs.gov/Form8879EO for the latest information.	Taypayar	identification number
Name of exempt organization	or person subject to tax	Taxpayer	identification number
	E EQUINDANTON INC	** *	**3459
	E FOUNDATION, INC.		<u>^^3439</u>
Name and title of officer or per MELISSA NORDO			
CHIEF EXECUTI			
	Return and Return Information (Whole Dollars Only)		
check the box on line <b>1a, 2</b> blank, then leave line <b>1b, 2</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wi b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you en e applicable line below. <b>Do not</b> complete more than one line in Part I.	ith this form	was
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	256,602.
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check her			
7a Form 4720 check here		7b	
	ion and Signature Authorization of Officer or Person Subject to T	ax	
Under penalties of perjury,	I declare that X I am an officer of the above organization or I am a person su	ubject to tax	with respect to
(name of organization)	, (EIN)	and	that I have examined a copy
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	fund, and <b>(c)</b> the date of any refund. If applicable, I authorize the U.S. Treasury and its nic funds withdrawal (direct debit) entry to the financial institution account indicated in e federal taxes owed on this return, and the financial institution to debit the entry to the the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pri thorize the financial institutions involved in the processing of the electronic payment o cessary to answer inquiries and resolve issues related to the payment. I have selected as my signature for the electronic return and, if applicable, the consent to electronic financial as my signature for the electronic return and the processing of the consent to electronic financial as my signature for the electronic return and the processing of the consent to electronic financial as my signature for the electronic return and the processing of the consent to electronic financial as my signature for the electronic return and the process of the consent to electronic financial as my signature for the electronic return and the process of the consent to electronic financial as my signature for the electronic return and the process of the consent to electronic financial as my signature for the electronic return and the process of the consent to electronic financial as my signature for the electronic financial as my signature for the electronic financial as my signature for the second s	the tax prep is account. or to the pay f taxes to red a personal	paration To revoke yment ceive
X Lauthorize HA	ROLD KERN CPA INC	to enter m	v PIN 28480
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(i	on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the afore n's disclosure consent screen.		-
electronically file	person subject to tax with respect to the organization, I will enter my PIN as my signatud d return. If I have indicated within this return that a copy of the return is being filed with es as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	h a state age	ency(ies)
Signature of officer or person subje	tion and Authentication	Dat	e 🕨
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 9545520000 Do not enter all zero		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indic turn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Inforr siness Returns.		
ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	
LHA For Paperwork Red	uction Act Notice, see instructions.		Form <b>8879-EO</b> (2020)
023051 11-03-20			

Form	8868
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(Rev. January 2020)

#### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-0047

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt ergenization or other filer, and instru	otiona		Toypoyo	idantificat	ion number (TIN)
Type of print						
print	CLAIRE'S PLACE FOUNDATION, INC. **-***3459					**3459
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your 2110 ARTESIA BOULEVARD, NO. 819						
instruction		oreign add	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870 C 9100 WILSHIRE	~		12
Tele If the If this box b I I this this I	books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are in the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE333E - BE books are integers and the care of ► SUITE33E books are integers and the care of ► SUITE	s in the Ur Group Exe and atta NOVEI anization's	Fax No. ►	f this is fo all memb	r the whole ers the ext npt organiza	• • •
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less		<b>^</b>	0.
-	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	) ontor or	rofundable gradite and	<u>3a</u>	\$	0.
	stimated tax payments made. Include any prior year over	· ·		3b	\$	0.
_	alance due. Subtract line 3b from line 3a. Include your pa			30	Ψ	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	n: If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8		nd Form 88	

Form	g	9	0
1 OIIII	-	-	-

#### EXTENDED TO NOVEMBER 15, 2021

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.

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



Department of the Treasury Internal Revenue Service

Τ.

AF	or th	e 2020 calendar year, or tax year beginning and	d ending		
<b>В</b> с а	heck if oplicab	e: C Name of organization		D Employer identified	cation number
	Addre chang				
	]Name ]chang	e Doing business as	_	**-***34	59
	Initial return		Room/su		
	Final	2110 ARTESIA BOULEVARD	819	310-922-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	369,244.
	Amen	REDONDO BEACII, CA 90270		<b>H(a)</b> Is this a group re	
	Applie tion	F Name and address of principal officer: MULTISSA NORDQUIST		for subordinates	? <b>Yes</b> X No
	pendi	ZIIU ARTESIA BLVD BOX 819, REDONDO BEA	ACH, C	CA H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) (         )◀ (insert no.) 🛄 4947(a)(1	) or 📃 5	27 If "No," attach a	list. See instructions
		te:  WWW.CLAIRESPLACEFOUNDATION.ORG		H(c) Group exemptio	
ΚF	orm o	organization: 🔀 Corporation 🔄 Trust 🦳 Association 📃 Other 🕨	LYe	ar of formation: 2011	State of legal domicile: CA
Pa	rt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO I	PROVII	DE HELP TO CH	ILDREN AND
Activities & Governance		YOUNG ADULTS DIAGNOSED WITH CISTIC FIBRO	OSIS		
erná	2	Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of m	ore than 25% of its net as	sets.
0V6	3	Number of voting members of the governing body (Part VI, line 1a)			6
8 0	4	Number of independent voting members of the governing body (Part VI, line 1b)	)		6
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	1
viti	6	Total number of volunteers (estimate if necessary)		6	0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		0.	0.
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)		172,347.	256,602.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		172,347.	256,602.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		168,603.	224,995.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	)L	70,766.	74,620.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	435.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,108.	37,056.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		259,477.	336,671.
	19	Revenue less expenses. Subtract line 18 from line 12		-87,130.	-80,069.
ces				Beginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		184,918.	104,849.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	0.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		184,918.	104,849.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedu	les and stat	ements, and to the best of m	y knowledge and belief, it is
true	corre	t and complete. Declaration of preparer (other than officer) is based on all information of y	which prepa	rer has any knowledge	

Sign Here	Signature of officer MELISSA NORDQUIST, CHI Type or print name and title	EF EXECUTIVE OFFICER		Date	
	Print/Type preparer's name	Preparer's signature	Date		
Paid	HAROLD B. KERN CPA			self-employed P00055182	
Preparer Firm's name HAROLD KERN CPA INC				Firm's EIN <b>** - ** * 7839</b>	
Use Only Firm's address 9100 WILSHIRE BLVD. SUITE 333E					
				Phone no. 310. 205. 2333	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions				
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2020) CLAIRE'S PLACE FOUNDATION, INC. **-**3459	Page <b>2</b>
	rt III Statement of Program Service Accomplishments	- Tuge -
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE HELP TO CHILDREN AND YOUNG ADULTS DIAGNOSED WITH CISTIC FIBROSIS	
	AND OTHER LIFE THREATENING DISEASES, AS WELL AS THEIR FAMILIES FOR	
	THE PURPOSE OF IMPROVING THEIR QUALITY OF LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s I No
	If "Yes," describe these new services on Schedule O.	37
3		s 🛛 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	95
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ including grants of \$224,995.) (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 on Schedule O.)	
	(Expenses \$ 224,995. including grants of \$ ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ► 224,995.	<b>990</b> (2020)
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	3	
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⊢orm	990	(2020)

 Form 990 (2020)
 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	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	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,			
•	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	
032003	3 12-23-20	⊢orm	330	(2020)

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Form	990	(2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
L.	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ŭ	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		
25 a	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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	1		
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		XX
32	Did the organization inquidate, terminate, or dissolve and cease operations ? If 'res,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	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	34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b C</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
C	(gambling) winnings to prize winners?	1c		
)32004	(garnening) whithings to prize whitefor 1 12-23-20		990	(202)
	5			-
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Form 990	(2020)	CLAIRE'S	PLACE	FOUNDATION	, INC.
Part V	Statements	Regarding Othe	er IRS Fili	ngs and Tax Cor	npliance (continued)

CLAIRE'S PLACE FOUNDATION, INC.

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
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 <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
<b>F</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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 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 organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
ь 10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990 (2020)
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CLAIRE'S PLACE FOUNDATION, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>		Σ
Sec	tion A. Governing Body and Management				
		1.1	6	Yes	5 N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	If there are material differences in voting rights among members of the governing body, or if the governing				
_	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		c		
	Enter the number of voting members included on line 1a, above, who are independent		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				
_	officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under				
	of officers, directors, trustees, or key employees to a management company or other person?			_	
4	Did the organization make any significant changes to its governing documents since the prior Form			_	+
5	Did the organization become aware during the year of a significant diversion of the organization's a				
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or				
	more members of the governing body?		7a	3	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			
	persons other than the governing body?		7b	<u>ہ</u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
а	The governing body?		8a		
b	Each committee with authority to act on behalf of the governing body?		8b	5 X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		-	_
				Yes	
	Did the organization have local chapters, branches, or affiliates?		10	a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the forn	n? <b>11</b> :	a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12	а	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to conflicts?	12	b	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	in Schedule O how this was done		12	с	
13	Did the organization have a written whistleblower policy?		13	3	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review and appro	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			
а	The organization's CEO, Executive Director, or top management official		15	a	
	Other officers or key employees of the organization			b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			
	taxable entity during the year?		16	a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			
	exempt status with respect to such arrangements?		16	b	Т
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (Section 501	(c)(3)s or	nly) ava	ailat
	for public inspection. Indicate how you made these available. Check all that apply		( )( )	,,	
		in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest polic	y, and fir	nancial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's to the person who possesses the person who person who person who possesses the organization's to the person who possesses the person who person	books and records 🕨 _			
	HAROLD KERN CPA, INC 310-205-2333				
	9100 WILSHIRE BOULEVARD, SUITE333E, BEVERLY HILLS	, CA 90212			_
32000	5 12-23-20		Fo	rm <b>99</b>	<b>J</b> (2)
			-		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos beck	sition k more than one			Reportable	Reportable	Estimated
	hours per	box	, unle	and a director/trustee)				compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	stee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee (	ruste			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	nal t		lo ye	e un				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lnst	Offi	Key	Hig	For			
(1) MELISSA J NORDQUIST	40.00					1				_
CHIEF EXECUTIVE OFFICER				X				69,200.	0.	0.
(2) MELISSA J NORDQUIST	5.00									
SECRETARY				Х				0.	0.	0.
(3) PATRICIA DIXON	5.00									
TREASURER		1		х				0.	0.	0.
								-	-	
				r						
		1								
		1								
		┣──		-			<u> </u>			
		-			-					
		1								
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	990 (2020) CLAIRE'S									**_**	* 3	459	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C					(5)	
	<b>(A)</b> Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	ition <sup>more</sup> rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior 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 on ed
									<u> </u>					
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							69,200. 0. 69,200.		0. 0. 0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							no re	eceived more than \$100	),000 of reportable	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for se</i>	-			•	•	-	Ŭ	ghest compensated emp	-		3	163	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	ə J f	for such individual			4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										pens	ation 1	from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	С	<b>(C</b> compe	<b>;)</b> nsatio	า
								_						
								_						
2	Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(	)					Form	<b>990</b> (2	2020)

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			2020) CLAIRE'S PLAC	E FOUNDA	TION, INC.		**_**3	459 Page 9
Pa	rt \	/111						
			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	<u> </u>
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
iran			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
Gift Iar J			Related organizations 1d					
imi)			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f					
ont od C		-	Noncash contributions included in lines 1a-1f					
σõ		h	Total. Add lines 1a-1f					
	_			Business Code				
Program Service Revenue	2	а						
Ser		b						
er a		c d						
Be		u e						
Pro		f	All other program service revenue					
	3		Investment income (including dividends, inter-					
			other similar amounts)	►				
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)					
	'	а		(ii) Other				
		h	assets other than inventory <b>7a</b> Less: cost or other basis					
e		U	and sales expenses					
evenue		с	Gain or (loss)					
Ě			Net gain or (loss)	►				
Other	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
				369,244.				
				112,642.				
			Net income or (loss) from fundraising events	····· <b>&gt;</b>	256,602.			256,602.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns	<b>&gt;</b>				
	10	d	and allowances					
		h	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
(0		-		Business Code				
Miscellaneous Revenue	11	а						
ane		b						
cell ?eve		с						
Mis			All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	<b>&gt;</b>	256,602.	0.	0.	
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11 а

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С d

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19 20

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22

23

Insurance

Part IX Statement of Functional Expenses

Benefits paid to or for members

trustees, and key employees

Compensation of current officers, directors,

Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages

Pension plan accruals and contributions (include

section 401(k) and 403(b) employer contributions) Other employee benefits

Payroll taxes

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 0.)

Advertising and promotion

Office expenses

Information technology Royalties

Fees for services (nonemployees):

CLAIRE'S PLACE FOUNDATION, INC.

69,200.

5,420.

33,903.

141.

1,547.

1,000.

111,241

20.

10.

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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 individuals. See Part IV, line 22	224,995.	224,995.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				

69,200.

5,420.

435.

33,903.

1,000.

20.

10.

Occupancy 141.Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings Interest Payments to affiliates \_\_\_\_\_ Depreciation, depletion, and amortization 1,547. .....

#### Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) CHARITABLE CONTRIBUTION а SECRETARY OF STATE b FRANCHISE TAX BOARD С d

All other expenses е 336,671. 224,995. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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2848 1

435.

435.

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33

184,918.

33

104,849.

Form **990** (2020)

CLAIRE'S PLACE FOUNDATION, INC. Form 990 (2020) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	184,918.	1	104,849.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
fs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	184,918.	16	104,849.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ŝ		Organizations that follow FASB ASC 958, check here 🕨 📃			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
d B	28	Net assets with donor restrictions		28	
n.		Organizations that do not follow FASB ASC 958, check here $\blacktriangleright$ X			
P F		and complete lines 29 through 33.	<u>^</u>		^
ŝt	29	Capital stock or trust principal, or current funds			0.
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	101 010	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	404 040	31	104,849.
ž	32	Total net assets or fund balances	184,918.	32	104,849.
	00				

Total liabilities and net assets/fund balances

\*\*-\*\*\*3459 Page 11

Form	990 (2020) CLAIRE'S PLACE FOUNDATION, INC.	**_**	3459	Page <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			📖
			050	600
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,602.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,671.
3	Revenue less expenses. Subtract line 2 from line 1	3		,069.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	184	,918.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	104	,849.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		
	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	ie audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?	-	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2020

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## 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
2020
Open to Public Inspection

Name o	f the organization							identification number			
	CLAI	RE'S PLACE	FOUNDATION,	INC.				*-**3459			
Part I	Reason for Public	Charity Status.	(All organizations must o	omplete tl	his part.) S	ee instruction	IS.				
The orga	anization is not a private found										
1 📙	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(1	I)(A)(i).					
2	A school described in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3 🔄	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .										
4	A medical research organiz	ation operated in co	njunction 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 the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6	A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	rernmental	unit or from	the general	public described in			
	_ section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	/, and state o	f the colleg	e or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from			
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment			
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	iired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11	An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).					
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or			
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section</b>	509(a)(3). C	Check the box in			
	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.				
a	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	r giving			
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	iving			
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
_	organization(s). You mus	t complete Part IV,	Sections A and C.								
c	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,			
	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)			
	that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
	requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	, and Part	V.					
e	Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III				
	functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.						
f En	ter the number of supported of	organizations									
g Pr	ovide the following information	n about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount o	,	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
Total											
LHA For	Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 c	or 990-EZ.	032021 01-	25-21 Sche	dule A (For	rm 990 or 990-EZ) 2020			

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#### Schedule A (Form 990 or 990-EZ) 2020 CLAIRE'S PLACE FOUNDATION, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	98,275.	334,421.	546,588.	433,658.	369,244.	1,782,186.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	98,275.	334,421.	546,588.	433,658.	369,244.	1,782,186.
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.						1,782,186.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	98,275.	334,421.	546,588.	(d) 2019 433,658.	369,244.	1,782,186.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,782,186.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (	line 6, column (f), c	divided by line 11,	column (f))			100.00 %
	Public support percentage from 2019						100.00 %
16a	a 33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱ <u></u>			► X
b	<b>33 1/3% support test - 2019.</b> If the o	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instructions	s ►
					Sche	dule A (Form 990	or 990-E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 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	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e	<b>e)</b> 2020	(f) Total	_
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services 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								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons							L	
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							<u> </u>	_
	Add lines 7a and 7b							<u> </u>	_
	Public support. (Subtract line 7c from line 6.)							<u> </u>	_
	ction B. Total Support								_
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(6	e) 2020	(f) Total	_
	Amounts from line 6								_
l0a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
1	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
4	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(	3) organizati	ion,	
		-			-		, <b>o</b>		
Sec	ction C. Computation of Public								
	Public support percentage for 2020 (lir			column (f))		15		9	1
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16		9	6
	ction D. Computation of Inves								
17	Investment income percentage for 202	20 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17		9	6
						18		9	1
8						33 1/39	%, and line 1	17 is not	
	<b>33 1/3% support tests - 2020.</b> If the o						,		
	<b>33 1/3% support tests - 2020.</b> If the omore than 33 1/3%, check this box an	-	organization gual	ities as a publiciv s		alion			
19a	a <b>33 1/3% support tests - 2020.</b> If the o more than 33 1/3%, check this box an a <b>33 1/3% support tests - 2019.</b> If the o	d <b>stop here.</b> The							
19a	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2019.</b> If the o	d <b>stop here.</b> The organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore tha	n 33 1/3%, a	and	
19a b	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the of line 18 is not more than 33 1/3%, check	d <b>stop here.</b> The organization did r ok this box and <b>st</b>	not check a box of t <b>op here.</b> The orga	n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp	ore tha orted o	n 33 1/3%, a rganization	and	1
19a b 20	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2019.</b> If the of line 18 is not more than 33 1/3%, check <b>Private foundation.</b> If the organization	d <b>stop here.</b> The organization did r ok this box and <b>st</b>	not check a box of t <b>op here.</b> The orga	n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp his box and see in	ore tha orted o istructio	n 33 1/3% , a rganization ons	and ▶□	]   
19a b 20	more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the of line 18 is not more than 33 1/3%, check	d <b>stop here.</b> The organization did r ok this box and <b>st</b>	not check a box of t <b>op here.</b> The orga	n line 14 or line 19a anization qualifies a	a, and line 16 is m as a publicly supp his box and see in	ore tha orted o istructio	n 33 1/3% , a rganization ons	and	] ] 0
19a b <u>20</u> 03202	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2019.</b> If the of line 18 is not more than 33 1/3%, check <b>Private foundation.</b> If the organization	d <b>stop here.</b> The organization did r ck this box and <b>st</b> a did not check a	not check a box of top here. The orga box on line 14, 19	n line 14 or line 19a anization qualifies a 9a, or 19b, check th	a, and line 16 is m is a publicly supp his box and see in <b>Sch</b>	ore tha orted o istructio	n 33 1/3%, a rganization ons A (Form 990	and ▶□	]

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990 EZ) 2020 CLAIRE'S PLACE FOUNDATION, INC.

2

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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. Section C. Type II Supporting Organizations

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

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

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

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **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 Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

2848 1

Yes No

2020.04030 CLAIRE'S PLACE FOUNDATION,

18

11451002 754953 2848

#### Schedule A (Form 990 or 990-EZ) 2020 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.

			(optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors ( <i>explain in detail in</i> Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter or.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors       (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Minimum Asset Amount (add line 7 to line 6)	Add lines 1 through 3.       4         Depreciation and depletion       5         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         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multipy line 5 by 0.035.       6         Recoveries of prioryear distributions

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 CLAIRE'S PLACE FOUNDATION, INC.

1 0	TV Type in Non-Functionally integrated 505		continu	ued)	
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-E	EZ) 2020 CLAIR	E'S PLACE	FOUNDATION,	INC.	**_***	*3459 <sub>Pag</sub>
Part VI	Part IV, Section A line 1; Part IV, Sec	۸, lines 1, 2, 3b, 3c, 4 ction D, lines 2 and 3 آ, 6, and 8; and Part '	b, 4c, 5a, 6, 9a, 9b 3; Part IV, Section E	, 9c, 11a, 11b, and 11c , lines 1c, 2a, 2b, 3a, a	; Part IV, Section and 3b; Part V, lir	line 17a or 17b; Part III, n B, lines 1 and 2; Part le 1; Part V, Section B, iny additional informatio	IV, Section C, line 1e; Part V,
		1					
				1			
32028 01-25-2	21					Schedule A (Form 99	0 or 990-EZ) 2
51002	754953 28	848	2020 04	21 030 CLAIRE':	ק דו.אכיד י		2848
2 1 0 0 2	, 54, 55, 20		2020.04			Sought ton,	2010

SCHED (Form 9			Gov	rants and Oth vernments, an ete if the organizatio	nd Individua	<b>ls in the Ŭn</b> i " on Form 990, Pa	ited States		OMB No. 1545-0047	_
	t of the Treasury venue Service			Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection	
Name of	the organizati		PLACE FOU	NDATION, IN	IC .				Employer identification number * - * * * 3459	
Part I	General In	formation on Grants a	nd Assistance							
cri	iteria used to a	ation maintain records ward the grants or assis	stance?							lo
-		IV the organization's pro								
Part II		d Other Assistance to	-				anization answered "	es" on Form 990, Par	t IV, line 21, for any	
		nat received more than					(f) Method of			
1 (a		Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
						2				
<b>2</b> En	ter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in th	he line 1 table			1	└ <b>▶</b>	—
		er of other organization								_
		Reduction Act Notice							Schedule I (Form 990) 202	0

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
VARIOUS ORGANIZATIONS					
	0	0.	0.		
		C			

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

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. ► Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	CLAIRE'S PLACE FOUNDATION, INC.	Employer **_*	identification number
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.		
	VI, SECTION B, LINE 11B:		
UPON REQUEST.			
FORM 990, PART	VI, SECTION C, LINE 19:		
UPON REQUEST.			
	tion Act Notice, see the Instructions for Form 990 or 990-EZ. Sche	dule O (Ec-	m 990 or 990-EZ) 202

11451002 754953 2848 2020.04030 CLAIRE'S PLACE FOUNDATION, 2848\_\_\_1

# TAXABLE YEARCalifornia Exempt Organization2020Annual Information Return

202	Annual Information Return					199	
Calendar Yea	r 2020 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yy	yy)			
Corporation/Org	ganization name		Cal	ifornia corp	oration	number	
Additional infor	<b>S PLACE FOUNDATION</b> , <b>INC</b> . mation. See instructions.		FE	3357 IN **-*			
Street address				PMB no.			
ZIIU A City	RTESIA BOULEVARD, NO. 819		State	ZIP code			
	O BEACH			9027	8		
Foreign country		4	011	Foreign p	-	ode	
D Final info ← Enter date E Check ac F Federal r (4) X G Is this a H Is this or If "Yes," v	d return Yes X No ion 4947(a)(1) trust Yes X No prmation return? Dissolved Surrendered (Withdrawn) Merged/Reorganized (mm/dd/yyyy) ● ccounting method: (1) X cash (2) Accrual (3) Other eturn filed? (1) ● 990T(2) ● 990PF (3) ● Sch H (990) Other 990 series group filing? See instructions Yes X No reganization in a group exemption Yes X No what is the parent's name?	exempt under R&TC S agaged in political active the organization exemption "Yes," enter the gross the organization a lime id the organization file port taxable income? the organization under S audited in a prior year federal Form 1023/10 ate filed with IRS	? See instru Section 237 vities? See apt under R receipts fro ited liability Form 100 o er audit by t ear?	ctions 01d, has instructio &TC Sect m nonme company or Form 1 he IRS or	the org ns. ion 23 ember /? 09 to has th	● Yes X ganization ● Yes X i701g? ● Yes X sources \$ ● Yes X ● Yes X ie • Yes X	No   No   No   No   No
Part I	Complete Part I unless not required to file this form. See General Informat						
	1 Gross sales or receipts from other sources. From Side 2, Part II, line a	3		•	1	369,24	_
					2		00
	<ul> <li>3 Gross contributions, gifts, grants, and similar amounts received</li> <li>4 Total gross receipts for filing requirement test. Add line 1 through line</li> </ul>	3		•••••	3		100
Receipts	This line must be completed. If the result is less than \$50,000, see 0			•	4	369,24	4 00
and	-			00		· ·	1
Revenues	<ul> <li>5 Cost of goods sold</li> <li>6 Cost or other basis, and sales expenses of assets sold</li> </ul>	• 6		00			
	7 Total costs. Add line 5 and line 6				7		00
	8 Total gross income. Subtract line 7 from line 4			•	8	369,24	
Expenses					9	449,31	
	10 Excess of receipts over expenses and disbursements. Subtract line 9				10	-80,06	-
	11 Total payments				11		00
	<ol> <li>Use tax. See General Information K</li> <li>Payments balance. If line 11 is more than line 12, subtract line 12 from</li> </ol>				12		00
Filing Fee	<ul><li>Payments balance. If line 11 is more than line 12, subtract line 12 from</li><li>Use tax balance. If line 12 is more than line 11, subtract line 11 from I</li></ul>			13 14		00	
Thing tee					15		00
	<b>16 Balance due</b> . Add line 12 and line 15. Then subtract line 11 from the				16		00
	Under penalties of perjury, 1 declare that 1 have examined this reliabilities in the second and	Tying schedules and state	ments, and to	the best of	t my kn	lowledge and belief,	00
Sign Here	Title		Date		.90.	• Telephone	_
	of officer CH	IEF EXECUT	IV			310-922-682 • PTIN	7
	Preparer's signature	Date	Check self-er	if nployed	•	• PTIN P00055182 • Firm's FEIN	
Paid	Firm's name					**-**7839	
Preparer's	(or yours.) if self- employed) HAROLD KERN CPA INC 9100 WILSHIRE BLVD. SUITE 3	3 3 F.				Telephone	
Use Only	and address BEVERLY HILLS, CA 90212-341					310.205.233	3
	May the FTB discuss this return with the preparer shown above? See instru			• X	Yes		-

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.

028951 12-22-20

	1 Gross sales or receipts from all	business activities. See instruct	ions	•	1	369,244 <sub>00</sub>
	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	00
	8 Total gross sales or receipts fro		-		8	369,244 <sub>00</sub>
	9 Contributions, gifts, grants, and	I similar amounts paid		•	9	224,995 <sub>00</sub>
	<ul><li>10 Disbursements to or for member</li><li>11 Compensation of officers, direct</li></ul>	ers		•	10	00
	<b>11</b> Compensation of officers, direc	tors, and trustees	SEE STA	TEMENT 1 $\bullet$	11	69,200 <sub>00</sub>
	<b>12</b> Other salaries and wages			•	12	00
Expenses	13 Interest				13	00
and	14 Taxes				14	5,420 <sub>00</sub>
Disburse-	15 Rents			•	15	00
ments	<b>16</b> Depreciation and depletion (See	e instructions)		•	16	00
	<ul><li>16 Depreciation and depletion (See</li><li>17 Other expenses and disbursem)</li></ul>	ents	SEE STA	TEMENT 2 $\bullet$	17	149,698 <sub>00</sub>
	18 Total expenses and disburseme	ents. Add line 9 through line 17.	Enter here and on Side 1, Pa	rt I, line 9	18	449,313 <sub>00</sub>
Schedu	IEL Balance Sheet	Beginning of t			l of taxable	
Assets		(a)	(b)	(C)		(d)
1 Cash			184,918		•	104,849
	counts receivable				•	
	tes receivable				•	
	ories				•	
	I and state government obligations				•	
	ments in other bonds				•	
	ments in stock				•	
-	age loans				•	
9 Other i	nvestments				•	
10 a Dep	reciable assets					
	s accumulated depreciation	( )		(	)	
					•	
	assets		104 010		•	104 040
	assets		184,918			104,849
	and net worth					
	nts payable				•	
	butions, gifts, or grants payable				•	
	and notes payable				•	
	ages payable				•	
	liabilities					
	l stock or principal fund				•	
	or capital surplus. Attach reconciliation		10/ 010		•	101 010
	ed earnings or income fund		184,918		•	104,849 104,849
	liabilities and net worth		184,918			104,049
Schedu		e per books with income per ret		a than \$50,000		
		edule if the amount on Schedule				
	come per books			-		
	I income tax		not included in th			
	s of capital losses over capital gains		8 Deductions in this	-		
	e not recorded on books this year			me this year		
	ses recorded on books this year not		9 Total. Add line 7 a			
	ted in this return		10 Net income per re			00 060
<b>6</b> Total.	Add line 1 through line 5	-80,0	Subtract line 9 fro	om line 6		-80,069

6 Total. Add line 1 through line 5

022

3652204

Subtract line 9 from line 6

L

CLAIRE'S PLACE FOUNDATION, INC.

CA 199	COMPENSATION OF OF	FICERS,	DIRECTORS AND TRUSTEES	STATEMENT	1
NAME AND ADI	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
	DRDQUIST A BOULEVARD, NO. 819 CH, CA 90278		CHIEF EXECUTIVE OFFICER 40.00		0.
	DRDQUIST A BOULEVARD, NO. 819 CH, CA 90278		SECRETARY 5.00		0.
	XON A BOULEVARD, NO. 819 CH, CA 90278		TREASURER 5.00		0.
TOTAL TO FOF	RM 199, PART II, LIN	E 11			0.
CA 199		OTHER	EXPENSES	STATEMENT	2
DESCRIPTION				AMOUNT	
-	F STATE AX BOARD NSES OF FUNDRAISING AND PROMOTION	EVENTS		112,64 41 33,90	20. 10. 42. 35. 03. 41.
	RM 199, PART II, LIN	F 17		149,69	98.

TAXABLE YE/ <b>2020</b>		fornia e-file F npt Organiza		rizatio	on f	or				-	FORM 8453-EO
Exempt Organizati	ion name								dentifying	number	
CLAIRE'	S PLACE I	FOUNDATION,	INC.						**_*	**34	59
		formation (whole dolla	<b>3</b> 7								260 244
		199, line 4)									
0	ss income (Form		- 0)								
3 Total exp	penses and dispu	rsements (Form 199, lin	e 9)						3_		449,515
		t Electronically for Tax									
	ctronic funds with					thdrawal o	date (mn	n/dd/yy	уу)		
-	•	n (Have you verified the	exempt organization's	banking inf	ormat	ion?)					
5 Routing n				<b>7</b> T		[				0 :	
6 Account r	number claration of Offic	<b>A</b> <sup>2</sup>		<b>7</b> Тур	e or ac	count: L		ecking		Savings	
		's account to be settled as	designated in Part II. If Lo	neck Part II	Box 4	l authorize	an electro	nic fun	ds withdi	awal for t	he amount listed
on line 4a.	skompt of gamzadon			iooki urtii,	507 1,	1 ddinon20				awarior	
transmitter, or i California electr a balance due r organization wil statements be t	intermediate service onic return. To the t eturn, I understand Il remain liable for th ransmitted to the FT	e that I am an officer of the provider and the amounts best of my knowledge and that if the Franchise Tax Bc ie fee liability and all applic: B by the ERO, transmitter, sclose to the ERO or intern	in Part I above agree with belief, the exempt organiza ard (FTB) does not receive able interest and penalties, or intermediate service pro-	the amounts tion's return full and tim 1 authorize t ovider. <b>If the</b>	on the is true ely pay he exe <b>proce</b>	e correspor e, correct, a ment of the mpt organi ssing of the	nding line and compl e exempt zation ret	s of the lete. If th organiz urn and	exempt c ne exemp ation's fe accompa	rganizatio t organiza e liability, anying scl	on's 2020 ation is filing the exempt hedules and
Sign 🚩	Signature of officer		Date	CHIE	FΕ	XECUI	IVE	OFF	ICER		
Here	Signature of oncer		Dale	The							
Part V Dec		ronic Return Originato									
I declare that I I am only an inte accurately refle provided the or 1345, 2020 Har the exempt orga I declare that I I	have reviewed the at rmediate service pro- cts the data on the r ganization officer wi ndbook for Authorize anization return is fil have examined the a	bove exempt organization's ovider, I understand that I a eturn.) I have obtained the th a copy of all forms and i ed e-file Providers. I will ke led, whichever is later, and bove exempt organization' this declaration based on a	return and that the entries im not responsible for revi organization officer's sign nformation that I will file w ep form FTB 8453-EO on f I will make a copy availabl s return and accompanyin	s on form FT ewing the ex ature on forn ith the FTB, a ile for <b>four</b> y e to the FTB g schedules	empt c n FTB a and I h ears fro upon r and sta	organizatior 8453-EO be ave followe om the due equest. If I	s return. efore tran ed all othe date of tl am also t	. I declar smitting r requir he return he paid	re, howev this retu ements d n or <b>four</b> preparer	ver, that for rn to the l escribed years fro , under pe	orm FTB 8453-EC FTB; I have in FTB Pub. m the date enalties of perjury
ERO's	s-			Date		Check if	1	Check		ERO's PT	IN
ERO signat						also paid preparer	X	if self- employe	d 🗌	P000	55182
	name (or yours	HAROLD KERN	CPA INC			1			Firm's FE	<sub>IN</sub> **_	***7839
	-employed) ddress	9100 WILSHI	RE BLVD. SUI	TE 33	3E						
		BEVERLY HIL	LS, CA						ZIP code	9021	2-3415
		e that I have examined the a d complete. I make this de						tements	, and to t	he best of	f my knowledge
Paid Preparer	Paid preparer's signature				ate		Check if self- employe	d	Paic	preparer's	PTIN
Must	Firm's name (or yours if self-employed)								Firm's FE	IN	
Sign	and address								ZIP code		
For Privacy N	Notice, get FTB 1	131 ENG/SP.								FTE	3 8453-EO 2020

029021 11-19-20