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I

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)										2023		
Depa Inter	artment nal Rev	of the Treasury enue Service	Do	not ent	er social secur	ity numbers of	on this form a	ue Code (except as it may be mad I the latest in	de public.	·		Open to Public Inspection
Α	For t	he 2023 calendar	r year, or tax year	begin	ining		, 20	23, and endir	ıg		,	20
В	Check	eck if applicable: C								D Employ	/er identif	ication number
	A	ddress change F(OUNDATION F	OR T	HE CHILI	OREN				33-	04155	572
	N		F THE CALIF				_			E Telepho	one numbe	er
	lr		569 MISSION				Ι			619	-400-	-5999
	Fi	nal return/terminated	SAN DIEGO, CA 92120-4112									
	A	mended return								G Gross r	eceipts \$	1,293,756.
	A	pplication pending	Name and address of	principa	I officer:				.,	a group retur		103 110
		SA	AME AS C AB	OVE					H(b) Are all If "No,"	subordinates	s included	? Yes No
I	Тах	-exempt status: X	501(c)(3) 501	(C) () (i	nsert no.)	4947(a)(1) or 527		attaon a not		
J	We	bsite: WWW.	.USFCC.ORG						H(c) Group	exemption nu	umber	
Κ	Forr	n of organization: X	Corporation True	st	Association	Other		L Year of format	tion: 199) M s	State of le	gal domicile: CA
Pa	rt I	Summary										
Governance	1	UNDERSERVE	ED CHILDREN HOSPITAL 1	IN '	THE SAN	DIEGO-1	CIJUANA	MEGA REG				NUTRITION OF ROUGH THE
ove	2		if the organ								net ass	sets.
ڻ سر			ig members of the								3	11
Activities &	4		pendent voting me individuals emplo								4	11
ij	5		volunteers (estim								5	<u>3</u> 78
leti.	- 7a		business revenue								7a	0.
			usiness taxable in								7b	0.
							2			rior Year		Current Year
d)	8		nd grants (Part VI							721,7	163.	768,469.
Revenue	9		e revenue (Part VI									
eve	10		me (Part VIII, colu							35,2		160,214.
œ	11		Part VIII, column							-54,0		
	12		- add lines 8 throu	-						703,0		928,683.
	13		lar amounts paid			-	-			565,8	3⊥⊥.	373,777.
	14	•	or for members (0.00 1	20	0.00 500
es.	15		compensation, em					-		263,1	20.	260,538.
senses			ndraising fees (Pa		· 🔺							
Exp	b		g expenses (Part									
ш	17								127,2		187,337.	
	18		Add lines 13-17 (956,1		821,652.
	19	Revenue less ex	xpenses. Subtract	line 1	8 from line	12				-253,1	.79.	107,031.
Net Assets or Fund Balances			• • • • • • •							ng of Currer		End of Year
alan alan	20		art X, line 16)							082,1		5,279,652.
Å Å B Å	21		(Part X, line 26)							88,8		85,788.
			nd balances. Sub	tract li	ne 21 from l	line 20			. 4	,993,3	351.	5,193,864.
Pa	rt II	Signature I	Block									

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OMB No. 1545-0047

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

Sign	Signature of officer				Date					
Here	LEONARD K	CORNREICH, MD			TREASURER					
	Print/Type prepare	er's name	Preparer's signature		Date	Check	if PTIN			
Paid	CHERYL RH	IODE	CHERYL RHO	DDE		self-employed	P00234939			
Preparer Use Only	Firm's name WEST RHODE & ROBERTS									
Use Only	Firm's address 2741 4TH AVE						33-0783983			
		SAN DIEGO, CA	92103			Phone no.	619-615-5380			
May the IRS	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
BAA For Pa	AA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 08/23/23 Form 990 (2023)									

Form	n 990 (2023) FOUNDATION FOR THE CHILDREN	33-0415572	Page 2
Par	rt III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		
1			TTA NTA
	TO ENHANCE THE HEALTH AND NUTRITION OF UNDERSERVED CHILDREN IN		
	MEGA REGION PRIMARILY THROUGH THE SUPPORT OF HOSPITAL INFANTIL	DE LAS CALIFORNIA	<u></u>
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	services, as measured by explicitly explored by explicitly explored by explore	oenses. enses.
	and revenue, if any, for each program service reported.		,
4a) (Revenue \$)
	AS OF 2023, HOSPITAL INFANTIL HAS PROVIDED OVER 760,000 PEDIAT.		
	THAN 21,000 SURGERIES, AND OVER 447,000 HOURS OF SERVICE BY VO		<u> US, </u>
	CANADA AND MEXICO. IN ADDITION TO PROVIDING MEDICAL CARE TO CONTRANTIL HAS DELIVERED OVER 595,000 HOURS OF DISEASE PREVENTION		
	EDUCATION TO MEDICAL AND HEALTH PROFESSIONS, CHILDREN AND THEI		<u>110N</u>
	STUDENTS OF ALL AGES IN COOPERATION WITH MORE THAN 30 AFFILIAT.		 D
	SCHOOLS FROM ACROSS NORTH AND CENTRAL AMERICA.		
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-15			/
	·····		
	······		
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue	\$	
۵	(Expenses \$ including grants of \$) (RevenueTotal program service expenses537,037.	Y)	
4e RΔΔ		Form 9	90 (2023)

 Form 990 (2023)
 FOUNDATION
 FOR
 THE
 CHILDREN

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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 "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	19 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х
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Form 990 (2023) FOUNDATION FOR THE CHILDREN
Part IV Checklist of Required Schedules (continued)

I UI	Continued)			
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	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>	22		x
24a	Schedule J. 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 Schedule K. If "No," go to line 25a.	23 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🔲
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
ر د	(gambling) winnings to prize winners?	1c	Х	

Form	990	(2023) FOUNDATION FOR THE CHILDREN 33-04155	12	F	Page 5
Parl	V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
				Yes	No
2a	Ente men	er the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ts, filed for the calendar year ending with or within the year covered by this return 2a	3		
b	lf at	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did	the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.			<u> </u>
4a	At ai finai	ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b		es," enter the name of the foreign country			
	See	instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	lf "Y	es," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Doe: solic	s the organization have annual gross receipts that are normally greater than \$100,000, and did the organization it any contributions that were not tax deductible as charitable contributions?	6a		Х
	lf "Y	es," did the organization include with every solicitation an express statement that such contributions or gifts were tax deductible?	6b		
7	Org	anizations that may receive deductible contributions under section 170(c).			
	Did	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	serv	ices provided to the payor?	7a		Х
		es," did the organization notify the donor of the value of the goods or services provided?	7b		
	Forn	he organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file n 8282?	7c		Х
d	lf "Y	es," indicate the number of Forms 8282 filed during the year			
		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g		e organization received a contribution of qualified intellectual property, did the organization file Form 8899 equired?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a n 1098-C?	7h		
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
	orga	inization have excess business holdings at any time during the year?	8		
9	Spo	nsoring organizations maintaining donor advised funds.			
а	Did	the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Sect	tion 501(c)(7) organizations. Enter:			
а	Initia	ation fees and capital contributions included on Part VIII, line 12 10a			
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Sect	tion 501(c)(12) organizations. Enter:			
а	Gros	ss income from members or shareholders			
b	Gros agai	s income from other sources. (Do not net amounts due or paid to other sources nst amounts due or received from them.)			
12a	Sec	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	lf "Y	es," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Sect	tion 501(c)(29) qualified nonprofit health insurance issuers.			
а	ls th	e organization licensed to issue qualified health plans in more than one state?	13a		
		: See the instructions for additional information the organization must report on Schedule O.			
b	Ente whic	er the amount of reserves the organization is required to maintain by the states in the organization is licensed to issue qualified health plans			
с		er the amount of reserves on hand			
		the organization receive any payments for indoor tanning services during the tax year?	14a		Х
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
		ne organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.5	exce	es," see the instructions and file Form 4720, Schedule N.	15		Х
16		e organization an educational institution subject to the section 4968 excise tax on net investment income?	16	I	Х
	lf "Y	es," complete Form 4720, Schedule O.			_
17	resu	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would It in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA		TEEA0105L 08/23/23	Form	990	(2023)

Forn	n 990 (2023) FOUNDATION FOR THE CHILDREN 33-0415572		Ρ	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b to a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair Schedule O. See instructions.	nges	on	_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	ction A. Governing Body and Management		Yes	No
	a Enter the number of voting members of the governing body at the end of the tax year 1a 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1a 11		Tes	NO
	• Enter the number of voting members included on line 1a, above, who are independent 1b 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 11	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X X
6	Did the organization have members or stockholders?	6 7a		X X X
b	• Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	oa 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>		Λ	Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re		le Co	
			Yes	No
	 Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 	10a		Х
11.	operations are consistent with the organization's exempt purposes?	10b 11a	Х	
		11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If "No," go to line 13. SEE SCHEDULE O	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	Λ	
c		12b	Х	
10	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on</i> <i>Schedule O how this was done</i> SEE SCHEDULE . Ω	12c	Х	
13	Schedule O how this was done SEE .SCHEDULE . Q Did the organization have a written whistleblower policy?	12c 13	X X	
13 14 15	Schedule O how this was done SEE_SCHEDULE 0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	12c	Х	
14 15	Schedule O how this was done SEE_SCHEDULE 0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12c 13	X X	
14 15 a	Schedule O how this was done SEE_SCHEDULE_0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12c 13 14	X X X	
14 15 a b 16a	 Schedule O how this was done SEE SCHEDULE . 0. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization SEE . SCHEDULE. O. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	12c 13 14 15a	X X X	X
14 15 a b 16a	Schedule O how this was done SEE_SCHEDULE_0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. SEE_SCHEDULE_0. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	12c 13 14 15a 15b	X X X	x
14 15 a b 16a	 Schedule O how this was done SEE_SCHEDULE . 0. Did the organization have a written whistleblower policy?. Did the organization have a written document retention and destruction policy?. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b) Other officers or key employees of the organization SEE . SCHEDULE. O. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b) If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 	12c 13 14 15a 15b 16a	X X X	
14 15 a b 16a	Schedule O how this was done SEE. SCHEDULE . 0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organization. SEE . SCHEDULE . 0. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA	12c 13 14 15a 15b 16a 16b		
14 15 16a b <u>Sec</u> 17	Schedule O how this was done SEE_SCHEDULE_0 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. b Other officers or key employees of the organizationSEE_SCHEDULE_0. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed	12c 13 14 15a 15b 16a 16b		

State the name, address, and telephone number of the person who possesses the organization's books and records. 20

Form 990 (2023) FOUNDATION FOR THE CHILDREN	33-0415572	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
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 Compensate	ed Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w organization's tax year.	vith or within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			(C)								
	(A)	(B)	(do	Position (do not check more than one		(D)	(E)	(F)			
	Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable compensation from	Reportable compensation from	Estimated amount of other
		hours per week	ЧĘ		9	ŝ	с ні	5	the organization (W-2/1099-	related organizations (W-2/1099-	compensation from the organization
		(list any hours for	lividua! directo	titut	Officer	Kcy employce	ploy	me	MISC/1099-NEC)	MISC/1099-NEC)	and related organizations
		related organiza-	tor us	iona		blo	ee co				organizations
		tions below	sur	in the		yce	mpe				
		dotted line)	ie e	Institutional trustee			Highest compensated comployee	ン			
							ä				
_(1)	JOSE GONZALEZ	40				C					
	EXECUTIVE DIR.	0			Х	~			110,000.	0.	1,516.
_(2)	CAROL ARMSTRONG	1				2				_	_
	DIRECTOR	0	Х						0.	0.	0.
(3)	FRANK HOBBS, ESQ.	<u>10</u>)						_	
	IM. PAST CHAIR	0	Х		Х				0.	0.	0.
_(4)	KATHIA BUSTILLOS										
	SECRETARY	0	Х		Х				0.	0.	0.
_(5)	LEONARD KORNREICH, MD	3									
	TREASURER	0	Х		Х				0.	0.	0.
(6)	MARA GABINO	1									
	DIRECTOR	0	Х						0.	0.	0.
_(7)	KARINA SOUSA	5									
	DIRECTOR	0	Х						0.	0.	0.
(8)	HENRY SANCHEZ	<u>10</u>								_	_
	DIRECTOR	0	Х						0.	0.	0.
<u>(9)</u>	FFWITT									_	_
	DIRECTOR	0	Х						0.	0.	0.
(10)	MIGUEL GAMA	1									
	DIRECTOR	0	Х						0.	0.	0.
<u>(11)</u>	JOHN RUSH	2									
	CHAIRMAN	0	Х		Х				0.	0.	0.
(12)	IRVIN KAUFMAN, MD	2									
	DIRECTOR	0	Х						0.	0.	0.
(13)											
(14)											
BAA		TEEA0	107L	08/23	3/23						Form 990 (2023)

Form 990 (2023) FOUNDATION FOR THE CHILDREN

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Part	VII Section A. Officers, Directors, Tru	istees, l	Key	Em	plo	oye	es,	and	d Highest Con	pensated Emp	loyees (continued)
						C)					
	(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
	Name and title	Average hours	box,	unles	s pe	rson	is both pr/truste	i an ee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
		per week (list any	Ind	İnst	Officer	Ke)	Hig	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
		hours for related	lirec	ituti	Cer,	/em	bloye	mer	WIGC/1035-NEC)	MISC/1099-NEC)	and related organizations
		organiza- tions below	đr tr	onal		Key employee	ê on				
		dotted line)	Individual trustee or director	Institutional trustee		8	pen				
		inic)	ര	tee			Highest compensated cmployee				
(15)							67				
<u> </u>			•								
(16)			1								
(17)											
(18)									-		
(19)											
(20)											
(20)			•								
(21)											
<u>`_'_</u>								0			
(22)											
						C					
(23)							2				
<u></u>											
(24)											
(25)											
(23)			\mathbf{D}								
1b :	Subtotal		T					I	110,000.	0.	1,516.
c .	Total from continuation sheets to Part VII, Section	on A							0.	0.	
	Total (add lines 1b and 1c)								110,000.	0.	1,516.
	Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	00 of reportable com	pensation
1	from the organization 1										
											Yes No
3	Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such	tor, truste	e, ke	ey er	nplo	oyee	e, or	high	nest compensated	l employee	. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpe 30?	nsa If "	ation Yes.	and " cor	oth nple	er compensation ete Schedule J for	from	
1	such individual										
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes</i>	e compen	isatio	n fro	om	any	unre	late	d organization or	individual	. 5 X
	on B. Independent Contractors	s, compi	ele S	cnet	Juie	: 5 10	JI SU	cπμ			. J A
1 (Complete this table for your five highest compens	sated inde	epen	dent	COI	ntra	ctors	tha	t received more t	han \$100,000 of	
(compensation from the organization. Report compens		the ca	aleno	dar	year	endi	ng v			
	(A) Name and business addr	ress							(B) Description	of services	(C) Compensation
										[
	Total number of independent contractors (including b		ited to	o tho	se l	liste	d abo	ve)	who received more	than	
	\$100.000 of compensation from the organization	Δ									

Form 990 (2023) FOUNDATION FOR THE CHILDREN

Part VIII Statement of Revenue

Page 9

		Check if Schedule O contains a res	sponse or note to an	y line in this Part V	111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
. K	c	Fundraising events					
in Cir	d	Related organizations					
ស្តុំ ភ្ល	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and 1					
et di		similar amounts not included above 1f	768,469.				
fi	g	Noncash contributions included in lines 1a-1f					
- Con	h	lines 1a-1f 1g		768,469.			
			Business Code	700,409.			
Program Service Revenue	2a						
Вġ	b						
lice	С						
Serv	d						
Ë	e		_				
- 16o	f	All other program service revenue					
ā	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, other similar amounts)	interest, and	151,417.			151,417.
	4	Income from investment of tax-exemption		,417.			101,417.
	5	Royalties	•				
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c) *			
		Net rental income or (loss)	(ii) Other				
	7a	Gross amount from sales of assets	(ii) Outer				
		other than inventory 7a 373,870	0.				
	D	Less: cost or other basis and sales expenses 7b 365,073	3.				
	с	Gain or (loss) 7c 8, 79					
	d	Net gain or (loss)		8,797.			8,797.
Φ	8a	Gross income from fundraising events					
s n u		(not including \$					
eve		of contributions reported on line 1c).	-				
Other Revenue			8a				
the		Less: direct expenses Net income or (loss) from fundraising	8b				
Q		Ē					
	9a	Gross income from gaming activities. See Part IV, line 19.	9a				
	b	Less: direct expenses	9b				
	с	Net income or (loss) from gaming act	ivities				
	10a	Gross sales of inventory, less					
	_		0a				
		5	0b				
	С	Net income or (loss) from sales of inv	Business Code				
Miscellaneous Revenue	11a		Business coue				
Net	11a b c d		-				<u> </u>
ella Ve	c						
្លឹង	d	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	· · · · · · · · · · · · · · · · · · ·	928,683.	0.	0.	160,214.

Part IX	Statement of Func	tional Expe	enses	
Form 990 (2	2023) FOUNDATION	FOR THE	CHILDREN	

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

6b, 7 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic	(A) Total expenses	(B) Program service	(C)	(D)
•	Grants and other assistance to domestic		expenses	Management and general expenses	Fundraising expenses
2	organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	373,777.	373,777.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	111,516.	42,376.	31,225.	37,915
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	110,228.	41,886.	30,864.	37,478
	Pension plan accruals and contributions	110,220.	41,000.	30,004.	57,470.
8	(include section 401(k) and 403(b) employer contributions)			\mathbf{R}	
9	Other employee benefits	20,655.	7,849.	5,783.	7,023.
10	Payroll taxes	18,139.	6,893.	5,079.	6,167.
	Fees for services (nonemployees):				
	Management				
b	Legal				
с	Accounting	21,210.		21,210.	
d	Lobbying		S		
е	Professional fundraising services. See Part IV, line 17	(
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	81,339.	30,909.	22,775.	27,655.
13	Office expenses	28,078.	8,149.	11,669.	8,260.
14	Information technology	20,070.	0,149.	11,009.	0,200.
15	Royalties.				
16	Occupancy	31,573.	11 000	0 0 4 1	10 724
17	Travel.	51,575.	11,998.	8,841.	10,734.
	Payments of travel or entertainment	•			
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,679.		2,679.	
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а		11,720.	10,766.		954.
b		10,738.	2,434.	6,126.	2,178.
c		10,130.	۷,404.	0,120.	2,170.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	821,652.	537,037.	146,251.	138,364.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	· · · · ·			

Form 990 (2023) FOUNDATION FOR THE CHILDREN Part X Balance Sheet

	ΓLΛ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	121,822.	1	55,549.
	2	Savings and temporary cash investments.	4,187,994.	2	4,491,751.
	3	Pledges and grants receivable, net		3	102,662.
	4	Accounts receivable, net	7,393.	4	·
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use		8	
NOVELO	9	Prepaid expenses and deferred charges	16,838.	9	28,754.
Č	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	L		
	b	Less: accumulated depreciation 10b 6, 697.	4,019.	10c	1,340.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11	666,358.	12	543,685.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11.	77,742.	15	55,911.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,082,166.	16	5,279,652.
	17	Accounts payable and accrued expenses	8,827.	17	27,170.
	18	Grants payable	,	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
1	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.	79,988.	25	58,618.
	26	Total liabilities. Add lines 17 through 25.	88,815.	26	85,788.
2		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
g	27	Net assets without donor restrictions	838,151.	27	759,790.
č	28	Net assets with donor restrictions	4,155,200.	28	4,434,074.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
2	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
5	31	Retained earnings, endowment, accumulated income, or other funds		31	
۲. ۲	32	Total net assets or fund balances	4,993,351.	32	5,193,864.
2	33	Total liabilities and net assets/fund balances	5,082,166.	33	5,279,652.
3A/	4	TEEA0111L 08/23/23		••	Form 990 (2023)

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)415572		Pa	ige 12
Par					_
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	92	28,6	583.
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	21,6	552.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	37,0)31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4	4,9	93,3	<u>351.</u>
5	Net unrealized gains (losses) on investments	5		93,4	182.
6	Donated services and use of facilities	6			
7		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	5,1	93,8	364.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	[
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a			
	separate basis, consolidated basis, or both.				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa		20		
	basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	990 ((2023)
	PUBLIC				

			Public Charit	ty Status and P	ublic	Supr	ort	OMB No. 1545-0047
	IEDULE A n 990)	Con	plete if the organizat 4947(a	ion is a section 501(c)()(1) nonexempt charita	3) orga ble trus	nization st.		2023
Derect				h to Form 990 or Form				Open to Public
Depart Interna	ment of the Treasury I Revenue Service	G	o to www.irs.gov/Forr	<i>n</i> 990 for instructions a	nd the I	atest in	formation.	Inspection
Name		FOUNDATION OF THE CAL	FOR THE CHILD	REN			Employer identif 33-04155	
Par	t I Reason fo	or Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	uctions.
The o	organization is no	t a private found	lation because it is: (F	For lines 1 through 12,	check o	nly one	box.)	
1 2				urches described in sect ach Schedule E (Form		(b)(1)(A)(ï).	
3	A hospital or	a cooperative h	ospital service organi	zation described in sec	tion 17	0(b)(1)(A	A)(iii).	
4	A medical real name, city, a		tion operated in conju	Inction with a hospital o	lescribe	d in sec	tion 170(b)(1)(A)(iii).	Enter the hospital's
5	An organizat	ion operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit	described in
6	A federal, sta	ate, or local gov	ernment or governme	ntal unit described in s	ection 1	1 70(b)(1)	(A)(v).	
7	X An organization in section 17	on that normally r 7 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	art of its support from a	governm	iental un	it or from the general p	ublic described
8	A community	r trust described	in section 170(b)(1)(/	A)(vi). (Complete Part I	l.)		\sim	
9		or a non-land-grai	nt college of agriculture	tion 170(b)(1)(A)(ix) operations). Enter				
10	An organizat from activitie investment ir	ion that normall s related to its ncome and unre	exempt functions, sub	an 33-1/3% of its supp ject to certain exception income (less section	ns; and	(2) no r	nore than 33-1/3% of	ees, and gross receipts its support from gross y the organization after
11	An organizat	ion organized a	nd operated exclusive	ly to test for public safe	ety. See	sectior	n 509(a)(4).	
12	or more publ	icly supported o	rganizations describe	ly for the benefit of, to d in section 509(a)(1) o upporting organization a	r sectio	on 509(a)(2). See section 509	out the purposes of one (a)(3). Check the box on
а	Type I. A support	porting organizati	on operated, supervised gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o	organizat	ion(s), typically by givi	ng the supported
b	Type II. A su management	pporting organiz	ation supervised or co organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), b the supported organiz	y having control or ation(s). You
c		,		ion operated in connection Ilete Part IV, Sections A	n with, ai A, D, an	nd functio d E.	onally integrated with, it	s supported
d	functionally i	ntegrated. The d	organization generally	anization operated in cor must satisfy a distribu s A and D, and Part V.	nection tion req	with its s uiremen	supported organization t and an attentivenes	(s) that is not s requirement (see
e	integrated, or	r Type III non-fu	nctionally integrated s	en determination from t supporting organization				· _
f a			n about the supported	l organization(s)				
	(i) Name of supported	÷	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	ls the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
<u>(B)</u>								
(C)								
(D)								

(E) Total I

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Castian		Dulalia	C		a				
	org	anızatıon	fails	to	quality	under	the	tests	liste

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do Pt include any "unusual grants.") PT	597,782.	657,623.	604,171.	721,763.	768,469.	3,349,808.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	597,782.	657,623.	604,171.	721,763.	768,469.	3,349,808.
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)				Jon L		942,560.
6	Public support. Subtract line 5 from line 4				\mathbf{C}		2,407,248.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 20 2 1	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	597,782.	657,623.	604,171.	721,763.	768,469.	3,349,808.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	134,857.	67,861.	36,005.	31,029.	151,417.	421,169.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		S				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10	SV.					3,770,977.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20						63.84%
15	Public support percentage from a	2022 Schedule A,	Part II, line 14			15	69.42 %
16a	33-1/3% support test-2023. If the and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported of	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test–2022. If the and stop here. The organization						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test. check this b	box and stop here	Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this h	ox and stop here	. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions

Schedule A (Form 990) 2023

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
2	any "unusual grants.") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1,						
	2, and 3 received from disgualified persons.						
h	Amounts included on lines 2						
-	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
	Add lines 7a and 7b.			\sim			
8	Public support. (Subtract line 7c from line 6.)			$\mathbf{\nabla}$			
Sec	tion B. Total Support		\sim				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,		\sim				
	rents, royalties, and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	$\mathbf{\nabla}$					
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is	for the organization	on's first, second	third, fourth, or f	ifth tax vear as a	section 501(c)(3)	
	organization, check this box and	stop here					
Sec	tion C. Computation of Pu						
15	Public support percentage for 20						00
16	Public support percentage from						010
	tion D. Computation of Inv						
17	Investment income percentage f	for 2023 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	010
18	Investment income percentage f						0/0
19a	33-1/3% support tests-2023. If	the organization d	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	d line 17
	is not more than 33-1/3%, check		-				
b	33-1/3% support tests -2022. If Ine 18 is not more than 33-1/3%	the organization d	not check a bo and stop here Th	ox on line 14 or line or an	ie 19a, and line 1 alifies as a public	b is more than 33- ly supported organ	nization
20	Private foundation. If the organi						
-•				.,,			

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 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

		<u> </u>	v	
			Yes	No
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.	1		
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).	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.	- 3a		
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
	an support to the foleigh supported organization was used exclusively for section 170(c)(z)(b) purposes.	40		
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).	5a		_
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?	5b		
C	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
		Ja		
	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)	10b		

Part IV	/ Supporting Organizations (continued)		_	-
			Yes	No
11 Ha	s the organization accepted a gift or contribution from any of the following persons?			
	person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, e governing body of a supported organization?	11a		
b A f	amily member of a person described on line 11a above?	11b		
c A 3	5% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Saction	n B. Typo I Supporting Organizations			

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2023

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

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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

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 W how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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		
	\sim			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.

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Yes

Yes

No

1

2

1

No

Part V

Page 6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	st on N	ov. 20. 1970 (explain ir	n Part VI), See
instructions. All other Type III non-functionally integrated supporting organizatio	ins mus	st complete Sections A	through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		2	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally interview \mathbf{r}_{i}	earated	Type III supporting or	nanization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organizations	5,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
<u>7</u> 8	Total annual distributions. Add lines 1 through 6.	ion io koononoivo (okovido	dataila	7	
0	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018	C			
-	From 2019				
	From 2020				
c	From 2021				
e	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	\sim			
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
F	Excess from 2023				

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Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	FOUNDATION FOR THE CHILDREN	33-0415572	Page 8
B, lines 1 and 2; I 3a, and 3b; Part V	I Information. Provide the explanations required by Part /, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; P ^r , line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 Also complete this part for any additional information. (See	art IV, Section E, lines 1c, 2a, 2b, , 6, and 8; and Part V, Section E,	
PART II, LINE 1 - UNUSU	AL GRANTS		

 2019	2	020	 2021	 2022	 2023	TOTAL	
\$ 2,000,000.	\$	0.	\$ 0.	\$ 0.	\$ 0.	\$	2,000,000.

PUBLIC DISCLOSURE CORV

SCHEDULE D (Form 990) Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,						545-0047 23
Department of the Treasury Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information.						
Internal Revenue Service Name of the organization				Employer id	Inspection entification num	-
FOUNDATION FOR OF THE CALIFOR	NIAS			33-041		
Part I Organiz Comple	zations Maintaining Do te if the organization ar	nor Advised Funds or Other nswered "Yes" on Form 990,	[•] Similar Funds or A Part IV, line 6.	ccounts		
		(a) Donor advised funds	5 (b) F	unds and o	other accour	nts
1 Total number at e	end of year					
2 Aggregate value of cor	ntributions to (during year)					
3 Aggregate value of gra	ints from (during year)					
4 Aggregate value	at end of year					
5 Did the organizati are the organizati	ion inform all donors and do ion's property, subject to the	nor advisors in writing that the asse organization's exclusive legal contr	ets held in donor advised	funds	Yes	No
6 Did the organizat	ion inform all grantees, dong	ors, and donor advisors in writing th	at grant funds can be us	ed only	J 1]
for charitable pur	poses and not for the benefi	t of the donor or donor advisor, or f	or any other purpose cor	nferring	Yes	No
	vation Easements					
		nswered "Yes" on Form 990,				
1 Purpose(s) of cor	nservation easements held by	y the organization (check all that ap	oply).			
Preservation o	f land for public use (for exam	ple, recreation or education)	Preservation of a histo	rically imp	ortant land a	irea
Protection of	natural habitat		Preservation of a certi	fied historio	structure	
Preservation	of open space					
2 Complete lines 2a last day of the tax		held a qualified conservation contributi	on in the form of a conser	vation ease	ment on the	
				leld at the	End of the 1	ax Year
	conservation easements		2a			
-	•	ments				
c Number of conse	rvation easements on a certi	fied historic structure included on li	ne 2a 2c			
a historic structur	e listed in the National Regis	on line 2c acquired after July 25, 20 ster	2 d			
3 Number of conserv tax year	ration easements modified, tran	nsferred, released, extinguished, or ter	minated by the organization	on during the	e	
4 Number of states	where property subject to co	onservation easement is located				
		garding the periodic monitoring, ins		ations,	Yes	No
6 Staff and volunteer	r hours devoted to monitoring,	inspecting, handling of violations, and	enforcing conservation ea	sements du	ring the year	_
7 Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enfo	prcing conservation easeme	ents during	the year	
8 Does each conse	ruation accoment reported of	n line 2d above caticfy the requirem	ponts of sostion 170(b)(A			
and section 170(h	ı)(4)(B)(ii)?	n line 2d above satisfy the requirem]Yes [No
9 In Part XIII, desci include, if applica conservation ease	able, the text of the footnote	ports conservation easements in its to the organization's financial states	ments that describes the	organizati	on's accoun	ting for
Part III Organiz Comple	zations Maintaining Co te if the organization a	Ilections of Art, Historical Tr nswered "Yes" on Form 990,	reasures, or Other S Part IV, line 8.	Similar A	ssets	
historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in it: Id for public exhibition, education, o al statements that describes these it	or research in furtherance	l balance s e of public	heet works o service, pro	of art, vide in
following amounts	s relating to these items.	r FASB ASC 958, to report in its rev or public exhibition, education, or rese				
(i) Revenue inclu	uded on Form 990, Part VIII,	line 1		\$		
2 If the organization amounts required	received or held works of art, I to be reported under FASB	nistorical treasures, or other similar as ASC 958 relating to these items.	sets for financial gain, pro	vide the foll	owing	
		. 1				
b Assets included in	n Form 990, Part X			\$		
BAA For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	TEEA3301L 07/20/23	Sched	ule D (Form	990) 2023

Schedule D (Form 990) 2023 FOUNDAT				33-0415		Page 2
Part III Organizations Maintain	ing Collection	s of Art, Historic	cal Treasures, or	Other Similar As	sets (cont	inued)
3 Using the organization's acquisition, acc items (check all that apply).	ession, and other r	ecords, check any of	the following that make	e significant use of its c	ollection	
a Public exhibition		d Loan or exc	change program			
b Scholarly research		e Other				
c Preservation for future generation	าร					
4 Provide a description of the organization Part XIII.	n's collections and	explain how they furth	er the organization's e	xempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than t	solicit or receive	donations of art, hist as part of the organi	orical treasures, or c zation's collection?	other similar assets	Yes	No
Part IV Escrow and Custodial	Arrangements					
Complete if the organiza Form 990, Part X, line 2	21.				ו amount o	วท
1a Is the organization an agent, trustee, on Form 990, Part X?	custodian, or oth	er intermediary for c	ontributions or other	assets not included	Yes	No
b If "Yes," explain the arrangement in Par						
		C C		A	Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year				1e		
f Ending balance				lf		
2a Did the organization include an amou	int on Form 990, F	Part X, line 21, for e	scrow or custodial ac	count liability?	Yes	No
b If "Yes," explain the arrangement in F	Part XIII. Check h	ere if the explanation	n has been provided	in Part XIII		
Part V Endowment Funds						
Complete if the organiza	ation answered	d "Yes" on Form	990, Part IV, line	e 10.		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars back
	1,208,568.	1,287,750.	1,243,264.	1,215,319.		,313.
b Contributions	1/200/0001		1/110/1011	1/110/0151	1/100	70101
c Net investment earnings, gains, and losses	55,121.	-42,906.	44,486.	39,624.	32	,669.
d Grants or scholarships			,			<u></u>
e Other expenditures for facilities		S				
and programs				0.		
f Administrative expenses		36,276.		11,679.		663.
	1,263,689.	1,208,568.	1,287,750.		1,215	,319.
2 Provide the estimated percentage of			column (a)) held as			
a Board designated or quasi-endowmer		00				
	7.40 %					
c Term endowment 12.6						
The percentages on lines 2a, 2b, and 2c	should equal 1009	6.				
3a Are there endowment funds not in the po	ossession of the or	ganization that are he	ld and administered fo	r the		
organization by:					Yes	No
(i) Unrelated organizations?					3a(i)	X
(ii) Related organizations?					3a(ii)	Х
b If "Yes" on line 3a(ii), are the related	-	•			3b	
4 Describe in Part XIII the intended use		tion's endowment fu	nds.			
Part VI Land, Buildings, and E						
Complete if the organization a	nswered "Yes" on	Form 990, Part IV, Iir	ie 11a. See Form 990,	, Part X, line 10.		
Description of property) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment			8,037.	6,697.	1	L,340.
e Other						
Total. Add lines 1a through 1e. (Column (d)) must equal Form	n 990, Part X, line 1	0c, column (B))			L,340.
BAA				Schedu	le D (Form 99)0) 2023

Schedule D	(Form 990) 2023 FOUNDATION FOR THE	E CHILDREN	33-0	415572 Page 3
Part VII	Investments – Other Securities			
+	Complete if the organization answered "Yes" on			
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
	al derivatives			
	held equity interests			
	WF ADVISORS - LANGDON	543,685.	END OF YEAR MARKET VAL	JUE
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
<u>(G)</u> (H)				
(I)				
	nn (b) must equal Form 990, Part X, line 12, column (B))	512 605		
Part VIII		543,685.	N / 7	
Fartviii	Investments – Program Related Complete if the organization answered "Yes" on	Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			9	
(9)				
(10)				
	nn (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" on	N/A		
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)	X			
Total. (Col	umn (b) must equal Form 990, Part X, line 15, c	column (B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on		11e or 11f. See Form 990, Part X, lin	
1.		iption of liability		(b) Book value
	al income taxes			F0 (10
(3)	SE LIABILITIES			58,618.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	ımn (b) must equal Form 990, Part X, line 25, co			
 Liability for 	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's fir	nancial statements that reports the organization	n's liability for uncertain

tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2023 FOUNDATION FOR THE CHILDREN	33-0415572	2 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	^r Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,022,165.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2.	
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	93,482.
3 Subtract line 2e from line 1.	3	928,683.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	928,683.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	821,652.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	_	
d Other (Describe in Part XIII.)	_	
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1.	3	821,652.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	821,652.
Part XIII Supplemental Information		

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

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ALSO EXEMPT FROM STATE INCOME TAXES. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT IT HAS NO UNCERTAIN TAX

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

POSITIONS REQUIRING ACCRUAL OR DISCLOSURE.

PUBLICOSION

SCHEDULE F (Form 990)			es Outside the United ed "Yes" on Form 990, Part IV,		OMB No. 1545-0047
、 <i>、</i>	Complete if the orga	2023			
Department of the Treasury Internal Revenue Service	Go to www.ir	s.gov/Form990 fe	or instructions and the latest in	nformation.	Open to Public Inspection
	DATION FOR THE			Employer ident	ification number
	HE CALIFORNIAS			33-04155	
	nation on Activiti Part IV, line 14b.	es Outside th	e United States. Complet	te if the organization	on answered "Yes"
1 For grantmakers. Does the grantees' eligibility	s the organization ma for the grants or assi	intain records to stance, and the s	substantiate the amount of its selection criteria used to award	grants and other assist the grants or assistand	ance, ce?XYes No
2 For grantmakers. Descri United States.	be in Part V the organi	zation's procedure	s for monitoring the use of its gra	ants and other assistance	outside the
3 Activities per Region. (The following Part I,	ine 3 table can b	e duplicated if additional space	e is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA			PROGRAM SERVICES	CLINIC DENTISTRY	1,361.
(2) NORTH AMERICA			PROGRAM SERVICES	CLINIC MISC	21,806.
(3) NORTH AMERICA			PROGRAM SERVICES	PATIENT ASSISTANCE CARE	43,630.
(4) NORTH AMERICA			PROGRAM SERVICES	NUTRITION PROGRAM	40,811.
() NORTH AMERICA			I KOGIAM SERVICES	INGINE	40,011.
(5) NORTH AMERICA			PROGRAM SERVICES	CLINICAL	2,110.
(6) NORTH AMERICA			PROGRAM SERVICES	REPAIRS/MAINTENA NCE	33,000.
(7) NORTH AMERICA		Ś	PROGRAM SERVICES	DOYLE CLEF LIP & PALATE	110,025.
(8) NORTH AMERICA			PROGRAM SERVICES	PAPI FUND	90,000.
(9) NORTH AMERICA		\mathcal{O}	PROGRAM SERVICES	PAPI DENTAL	25,001.
(10) NORTH AMERICA			PROGRAM SERVICES	PAPI SURGERIES	6,033.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					373,777.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)) 0	0			373,777.

 c Totals (add lines 3a and 3b)...
 0
 0

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

Schedule F (Form 990) 2023 FOUNDATION FOR THE CHILDREN

33-0415572

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				CLINIC/SUP					
			NORTH AMERICA	PORT	373,777.	WIRE/CHECK			
						\mathcal{A}^{\cdot}			
					(
					. 8-				
					S				
				い					
			\mathcal{S}^{\vee}						
2	Enter total number of recipient organiz organization by the IRS, or for which t	zations listed above the grantee or counse	hat are recognized I has provided a se	as charities by the ction 501(c)(3)	the foreign country, equivalency letter.	recognized as a t	ax exempt 501(c)(3	3)	0
3	Enter total number of other organization	ons or entities				<u> </u>	· · · · · · · · · · · · · · · · · · ·		1
BAA								Schedule F	(Form 990) 2023

Schedule F (Form 990) 2023 FOUNDATION FOR THE CHILDREN Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)				-0			
(5)							
(6)							
(7)			\sim				
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>		J, V					
<u>(12)</u>	0						
<u>(13)</u>							
<u>(</u> 14)	X						
<u>(</u> 15)							
<u>(</u> 16)							
<u>(</u> 17)							
<u>(</u> 18)							

BAA

Schedule F (Form 990) 2023

33-0415572

Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471).	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No
	osurt		
	- DISU		
	B		
	RAN		

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PUBLICAISCIOSURE

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FOUNDATION FOR THE CHILDREN OF THE CALIFORNIAS

Employer identification number

33-0415572

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY TREASURER/AUDIT COMMITTEE PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO FILL OUT THE

CONFLICT-OF-INTEREST FORM YEARLY AND ABSTAIN FROM VOTING WHEN A CONFLICT IS PRESENT.

BOARD REVIEWS CONFLICTS ON AN ANNUAL BASIS. MEMBERS ARE REQUIRED TO ALERT THE BOARD

OF ANY NEW CONFLICTS WHEN THEY COME UP.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

REVIEWED BY BOARD AND EXECUTIVE COMMITTEE PRIOR TO ANY INCREASE.

RUBLICDISC

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.