Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury

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

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

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

A	For the		lendar year, or tax year beginning	moso for mistractions an		nding		mopodion			
		applicable:		CHILDREN'S FOUNDATIO			er identifica	ation number			
$\overline{}$	Address		Doing business as	STREET CONDITION		. 1					
	, taa. 000 t	Snango	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	95-3802159					
Ш	Name cha	ange	5855 GREEN VALLEY CIRCLE 107	,			Telephone number				
П	Initial retu	ırn	City or town	State	ZIP code	•					
믈	iiiiidi rota		CULVER CITY	CA	90230	(310) 479-	-1212				
Ш	Final return	/terminated		province/state/county	Foreign posta	l code					
П	Amended	l return		,,	g p	G Gross re	ceipts \$	18,080,790			
\equiv		Ų									
Ш	Applicatio	n pending	F Name and address of principal officer:			H(a) Is this a group return	n for subordina	ates? Yes X No			
			MIKE OLSON 5855 GREEN VALLEY	CIRCLE 107, CULVER	R CITY, CA	H(b) Are all subordina	ites included	d? Yes No			
	Tax-exer	npt status:	X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See ins	tructions			
				(ee.te.)	0	- 1					
J	Website	: ۷۷۷۱	/W.STARLIGHT.ORG			H(c) Group exemption	n number				
K	Form of o	organization	n: X Corporation Trust Associa	ation Other	L Ye	ar of formation: 1983	M Sta	te of legal domicile: CA			
	Part I	Sui	mmary		•		•				
	1		escribe the organization's mission or	most significant activities	s STA	RLIGHT CHILDRE	N'S FOL	ΙΝΠΑΤΙΟΝ			
ė	•		IGHT) DELIVERS HAPPINESS TO S					711011			
aŭ		(01/11/12	iorri) beerverto in tri intego ro o	LINGUOLI ILL OI IILDIN		ILITA / IVIILILO.					
Ĕ											
Š	2	Check th		continued its operations	or disposed	of more than 25%	of its ne	t assets.			
Ŏ	3	Number	of voting members of the governing b	oody (Part VI, line 1a) 🗻			3	12			
ە س	4	Number	of independent voting members of the	e governing body (Part \	/I, line 1b) .		4	12			
ţį	5	Total nu	mber of individuals employed in caler	ndar year 2023 (Part V, li	ine 2a) . .		5	38			
Activities & Governance	6		mber of volunteers (estimate if neces				6	550			
Ac	7a		related business revenue from Part V				7a	0			
	b		elated business taxable income from F				7b	0			
		TTO CUITE	nateu puomose taxapie mosme mem i	Citi CCC 1,1 Cit i, iii C 1		Prior Year		Current Year			
	8	Contribu	itions and grants (Part VIII, line 1h) .			·	54,674	17,233,113			
Revenue	9		n service revenue (Part VIII, line 2g)			10,00	0	17,200,110			
Ver						4.		255.070			
Re.			ent income (Part VIII, column (A), line				18,840	355,078			
	11		evenue (Part VIII, column (A), lines 5,				92,465	104,358			
	12		renue—add lines 8 through 11 (must equ				95,979	17,692,549			
	13		and similar amounts paid (Part IX, colu			7,76	61,931	31 12,004,479			
	14		paid to or for members (Part IX, colu				0	0 0			
S	15	Salaries,	other compensation, employee benefits	(Part IX, column (A), lines	5–10)	3,04	12,348	3,621,710			
ns(16a	Professi	onal fundraising fees (Part IX, column	(A), line 11e)			0	0			
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25)	3,073,220						
ũ	17		xpenses (Part IX, column (A), lines 11				68,647	2,189,507			
	18		penses. Add lines 13–17 (must equal				72,926	17,815,696			
	19		e less expenses. Subtract line 18 from			<u> </u>	23,053	-123,147			
Į,	3					Beginning of Curre		End of Year			
Net Assets or	20	Total as	sets (Part X, line 16)			 	41,766	19,230,995			
Ass	21						72,513	1,037,193			
Net	22		ets or fund balances. Subtract line 21				69,253	18,193,802			
	art II		Inature Block	110111 111110 20	<u> </u>	10,20	33,233	10,190,002			
			y, I declare that I have examined this return, inclu	uding accompanying achadulas	and statements	and to the heat of my	knowlodgo				
			ect, and complete. Declaration of preparer (other			•	_				
unu	bollot, it is		ot, and complete. Becautation of property (exitor	and of one of the sacou of all the	imation of willo	In property ride any kine	mougo.				
Sig	gn	0:	-t t - tt			D-4-					
Here		_	ature of officer		050	Date	11/11/20)24			
			E OLSON /		CFC)					
			or print name and title			1					
_		Prin	t/Type preparer's name	Preparer's signature		Date	Check X	PTIN			
Pa			VIS SHARPSTONE			11/11/2024	self-employ				
	eparer					<u> </u>		1			
Use On		/ Firm	Lewis Sharpstone & Co.			Firm's EIN	83-470				
		Firm	o's address 5074 Tendilla Ave, Woodl	and Hills, CA 91364		Phone no.	(818) 5	570-1 <u>960</u>			
Ma	v the IR	S discus	s this return with the preparer shown	above? See instructions				X Yes No			

FUIII 990 (2023)	STARLIGHT CHILDREN'S FOUNDATION
Part III	Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SINCE 1983, STARLIGHT HAS BEEN DELIVERING HAPPINESS TO SERIOUSLY ILL CHILDREN AND THEIR
	FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	The total expenses, and revenue, it amy, ter each program control reported.
4a	(Code:) (Expenses \$ 11,552,561 including grants of \$ 10,041,921) (Revenue \$)
	STARLIGHT DELIVERIES: STARLIGHT OFFERS AN EASY-TO-USE ONLINE PLATFORM WHERE HOSPITALS CAN ORDER
	ITEMS DIRECTLY FROM STARLIGHT'S INVENTORY OF DONATED (GIFT IN-KIND) TOYS, BOOKS, GAMES, CRAFTING
	MATERIALS, AND OTHER URGENTLY NEEDED PRODUCTS THAT DELIVER HAPPINESS TO HOSPITALIZED KIDS AND
	THEIR FAMILIES. PRODUCTS ARE, BY DEFAULT, SHIPPED FREE-OF-CHARGE TO OUR MORE THAN 700 HOSPITAL AND
	HEALTH CARE FACILITY PARTNERS IN THE US, TO APPROXIMATELY 348,000 CHILDREN IN 2023.
	712 ETT 6/112 1/10/ETT 1/11/TET 6 11/11/2 66, 10/11/11/6/11/11/12/2/10/00/07/EETT 11/2/2/20.
4b	(Code:) (Expenses \$ 1,526,222 including grants of \$ 1,318,544) (Revenue \$)
	STARLIGHT HOSPITAL WEAR: STARLIGHT GOWNS ARE HIGH-QUALITY, FUN, SOFT, AND COLORFUL HOSPITAL GOWNS
	THAT KIDS LOVE TO WEAR. THE GOWNS TIE ON THE SIDE (INSTEAD OF DOWN THE BACK) TO BETTER ACCOMMODATE
	A CHILD'S NEED FOR PRIVACY AND COMFORT, AND INCLUDE PLASTIC SNAPS ON BOTH SLEEVES TO ALLOW EASY
	ACCESS FOR MEDICAL PROCEDURES. IN 2021, STARLIGHT ADDED PAJAMA PANTS TO THE HOSPITAL WEAR PROGRAM
	TO FURTHER ENHANCE THE HOSPITAL EXPERIENCE FOR PATIENTS. IN 2023, APPROXIMATELY 80,000 CHILDREN
	RECEIVED ASSISTANCE.
4c	(Code: 381,235) (Expenses \$ 441,282 including grants of \$ 381,235) (Revenue \$ 104,358)
	STARLIGHT GAMING: STARLIGHT GAMING DELIVERS HAPPINESS TO SERIOUSLY ILL CHILDREN BY PROVIDING THEM
	A SENSE OF NORMALCY AND DISTRACTION FROM THE STRESS AND ANXIETY THAT OFTEN COMES WITH BEING A
	CHILD IN A HOSPITAL. EACH STARLIGHT GAMING STATION COMES PRE-LOADED WITH NINTENDO VIDEO GAMES AND
	STREAMING PLATFORMS FOR HOURS OF ENTERTAINMENT, BUT ALSO GIVES EACH CHILD A WAY TO CONNECT WITH
	FRIENDS AND SIBLINGS DURING THEIR HOSPITAL STAY.
4 -1	Other program continue /Deceribe on Schedule ()
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ 607,299 including grants of \$ 262,779) (Revenue \$ 0) Total program service expenses 14,127,364

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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	Λ.	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		Х
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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</i> "Yes," <i>complete Schedule D, Part I</i>	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II.	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</i> "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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? <i>If "Yes," complete Schedule D, Part VII.</i>	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		11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		^	
12		12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," complete Schedule E			X
14a b		14a		^
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		^
17	assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		Χ
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Χ
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?			V
20-	If "Yes," complete Schedule G, Part III	19 20a		X
20a b		20a 20b		^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Χ	
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		.,	
04-	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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 1	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			
00	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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
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? <i>If "Yes," complete Schedule M</i>	29	Х	^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		7.	
	conservation contributions? If "Yes," complete Schedule M	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		_
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		<u> </u>
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
В-	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4-	Enter the number reported in hex 2 of Form 1006. Enter 0, if not emplicable.		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vehicles and	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," 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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		\ \
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		~
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
g h	If the organization received a contribution of qualified intellectual property, and the organization file in one of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ť		
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	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 40		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	"		
16		46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		\vdash
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities	47		
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	II YES COMPLETE FORM BLIDY			

Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
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?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Attached Statement			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polyand financial statements available to the public during the toy year.	ıcy,		
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MIKE OLSON, CPA (910) 479-1212			

(14) ARNIE MENDOZA, CPA

DIRECTOR

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

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

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

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

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

		(C)								
				Posi						
(A) Name and title	(B) Average					than on s both a		(D) Reportable	(E) Reportable	(F) Estimated amount
Name and the	hours					r/trustee		compensation	compensation	of other
	per week	악	ln.	잋	<u>~</u>	e I	77	from the	from related	compensation
	(list any hours for	dire	stitu	Officer	y e	ple great	Former	rganization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	Individual or director	tion		npl	yee ee	7	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	tee	ste			ensa				
			Ō			ated				
(1) ADAM GARONE	40.00									
CEO	0.00			Χ				362,818	0	25,534
(2) MIKE OLSON CPA	40.00									
CFO	0.00			Χ				192,123	0	19,846
(3) CINDEE STARKIE	40.00									
VP OF MARKETING & COMMUNICATIONS	0.00					Χ		149,018	0	11,847
(4) AIMEE FINN	40.00									
SR. DIRECTOR INDIVIDUAL GIVING	0.00					Χ		128,109	0	9,964
(5) CHRISTINE SOLDNER	40.00									
SR. DIRECTOR CORP. DEVELOPMENT	0.00					Χ		124,328	0	13,290
(6) JOHN ROSENBERG	1.00									
CHAIR	0.00	Χ		Χ				0	0	0
(7) ALISA BOWEN (SEE SCH. O)	1.00									
BOARD VICE CHAIR	0.00	Χ		Χ				0	0	0
(8) DEBRA JOHNSON	1.00									
TREASURER	0.00	Χ		Χ				0	0	0
(9) HOWARD COHL	1.00									
SECRETARY	0.00	Χ		Χ				0	0	0
(10) KIRA GOLDBERG	1.00									
DIRECTOR	0.00	Χ						0	0	0
(11) SHAWN HARPEN	1.00									
DIRECTOR	0.00	Χ						0	0	0
(12) PETER SAMUELSON	1.00									
DIRECTOR	0.00	Χ						0	0	0
(13) CHRIS HELFRICH	1.00									
DIRECTOR	0.00	Χ						0	0	0

1.00

0.00

0

Part	Section A. Officers, Directors, Tru	ıstees, Key Em _l	oloye	es,	and	iH b	ghes	t Co	ompensated Em	iployees (contin	ued)		
					•	C)								
	(A)	(B)	Position (do not check more than					one	(D)	(E)			(F)	
	Name and title	Average hours					is both or/trust		Reportable compensation	Reporta compensa			ated amo	ount
		per week				1						com	pensatio	on
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organization 1099-MI			om the	and
		related	dual ecto	fig	-	mpl	st co	4	1099-NEC)	1099-NE		-	organiza	
		organizations below	trus	al tr		oyee	ompo							
		dotted line)	tee	ste			ensa							
				T O			ated							
(15) PA	AUL NAVARRO	1.00							4					
	OR (FROM JAN. 2023 TO DEC. 11, 2023)	0.00	Х						0		0			0
_	ECHELLE PORTER, CCLS	1.00												
DIRECT		0.00	Х						0		0			0
	AULA WHITEMAN	1.00												
DIRECT		0.00	Х						0		0			0
(18) DA	AWN WILCOX VERRECCHIA	1.00												
DIRECT	OR	0.00	Χ						0		0			0
(19)														
(20)									")					
						1		Ĭ						
(21)														
(00)			•				_							
(22)							Ĭ							
(23)														
(23)			V											
(24)														
Λ=:/				ľ										
(25)		•												
1b Su	ubtotal								956,396		0		80	,481
с То	otal from continuation sheets to Part VII, Se	ection A							0		0	0 0		
	otal (add lines 1b and 1c)								956,396		0		80	,481
	otal number of individuals (including but not lin		ted a	abov	e) v	vho	recei	ved	more than \$100	,000 of				
re	portable compensation from the organization												-	5
											ļ		Yes	No
	d the organization list any former officer, dire													\ \
	nployee on line 1a? <i>If "Yes," complete Sched</i>										•	3		Х
	or any individual listed on line 1a, is the sum of													
	e organization and related organizations grea									h			\ \	
	dividual										•	4	Х	
	d any person listed on line 1a receive or accr	•			-			_						
	r services rendered to the organization? If "Ye	es," complete Sc	hedu	ıle J	for	suc	:h per	rsor)			5		Х
	B. Independent Contractors									1400 000				
	omplete this table for your five highest compeompensation from the organization. Report co											2V V0	or.	
		inpensation for t	HE Ca	alen	uai	yea	ii ena	ing		e organiza	uonsi			
	(A) Name and business addi	ress							(B) Description of ser	vices	C	(C) compen		
CARGO	70NF 6200 N 16TH S	T OMAHA, NE 6	8110	<u> </u>				НΑ	NDLING, STOR				1,205	986
PIGEON		A AVE OJAI, CA							OTOGRAPHY 8				•	,104
		RK PLACE CHI			- 60	673			BLIC RELATION					,000
		02 PITTSBURG							VERTISING SE					,250
			, . .					Ī						0
2 To	otal number of independent contractors (include	ding but not limit	ed to	tho	se l	iste	d abo	ve)	who received					
	ore than \$100,000 of compensation from the	-					6							

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line in	this Part VIII			📙
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ants ints	1a b	Federated campaigns					SECTIONS 312-314
Gra	C	Fundraising events					
ts, An	d	Related organizations					
Gif	e	Government grants (contributions) 1e				_	
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and					
	•	similar amounts not included above 1f	17,233,113		A 4		
	g	Noncash contributions included in	17,200,110				
ntr d O	9		\$ 8,954,413				
a G	h	Total. Add lines 1a–1f		17,233,113			
		Total. / Nad iiiies Ta Ti	Business Code	17,200,110			
ė	2a			0			
اہ خ	b			0			
ıram Ser Revenue	C			0			
E S	d			•0			
gra	е			0			
Program Service Revenue	f	All other program service revenue		0.			
ъ	q	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interes					
		other similar amounts)		366,165			366,165
	4	Income from investment of tax-exempt bond pr		0			ĺ
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
a ,			0 319				
Revenue	b	Less: cost or other basis					
ver			0 11,406				
Re	С	` '	0 -11,087				
er	d	Net gain or (loss)		-11,087			-11,087
Othe	8a	Gross income from fundraising					
•		events (not including \$ 0					
		of contributions reported on line 1c). See Part IV, line 18	0				
	b	Less: direct expenses					
	C	Net income or (loss) from fundraising events .	0	0			
	9a	Gross income from gaming activities.	1	O			
	ou	See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less		Ü			
		returns and allowances	481,193				
	b	Less: cost of goods sold	,				
		Net income or (loss) from sales of inventory .	•	104,358	104,358		
က		, ,	Business Code				
e jo	11a			0			
ane	b			0			
Miscellaneous Revenue	С			0			
S	d	All other revenue		0			
Σ	е	Total. Add lines 11a–11d		0			
	12	Total revenue See instructions		17 692 549	104 358	0	355 078

Part IX Statement of Functional Expenses

Section 501(c)	(3) a	and 501(c	(4)	organizations must con	plete all columns.	All other or	ganizations must con	nplete column (a	A).
	(- / -		/\ ·/			• •	g a = a c a. c . c c	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,.

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	12,004,479	12,004,479						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	616,429	369,858	176,109	70,462				
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							
7	Other salaries and wages	2,492,798	1,031,681	154,445	1,306,672				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	50,452	20,036	2,113	28,303				
9	Other employee benefits	239,365	103,090	19,262	117,013				
10	Payroll taxes	222,666	99,878	23,055	99,733				
11	Fees for services (nonemployees):								
а	Management	0							
b	Legal	9,022		9,022					
С	Accounting	37,485		37,485					
d	Lobbying	0							
е	Professional fundraising services. See Part IV, line 17.	0							
f	Investment management fees	0							
g	Other. (If line 11g amount exceeds 10% of line 25, column		_	4 00 4	4.050				
	(A), amount, list line 11g expenses on Schedule O.)	5,387	5	1,024	4,358				
12	Advertising and promotion	1,087,796	278,855	0.405	808,941				
13	Office expenses	49,224	12,428	9,425	27,371				
14	Information technology	253,946	106,737	70,864	76,345				
15	Royalties	00.700	0.504	7.007	04.000				
16	Occupancy	98,760	6,584	7,967	84,209				
17	Travel	283,966	60,092	46,773	177,101				
18	Payments of travel or entertainment expenses	0							
10	for any federal, state, or local public officials	62,399	603	889	60,907				
19 20	Interest	02,399	003	009	00,907				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	110,578	27,265	27,202	56,111				
23	Insurance	26,454	2,970	5,322	18,162				
24	Other expenses. Itemize expenses not covered	20,404	2,570	0,022	10,102				
	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	FEES AND REGISTRATION	102,277	2,203	23,268	76,806				
b	PRODUCTS AND PRINTING	62,213	600	887	60,726				
С		0			,				
d		0							
e	All other expenses	0							
25	Total functional expenses. Add lines 1 through 24e	17,815,696	14,127,364	615,112	3,073,220				
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)								

95-3802159

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

		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	3,249,368	1	1,578,791
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	97,177	3	960,282
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	.0	5	0
	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)	0	6	0
əts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	5,440,918	8	7,681,011
⋖	9	Prepaid expenses and deferred charges	1,513,912		238,970
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 544,311			
	b	Less: accumulated depreciation 10b 402,416		10c	141,895
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	8,265,374	12	8,437,763
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	27,490		192,283
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,841,766		19,230,995
	17	Accounts payable and accrued expenses	410,557	17	781,358
	18	Grants payable	0	18	0
	19	Deferred revenue	5,000	19	42,599
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
တ္သ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jg		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	156,956	25	213,236
	26	Total liabilities. Add lines 17 through 25	572,513		1,037,193
Ś		Organizations that follow FASB ASC 958, check here X			
ည		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions	9,877,780	27	9,201,123
ã	28	Net assets with donor restrictions	8,391,473		8,992,679
pu		Organizations that do not follow FASB ASC 958, check here	0,001,170		0,002,010
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
əts	30	Paid-in or capital surplus, or land, building, or equipment fund	0		0
SS	31	Retained earnings, endowment, accumulated income, or other funds	0		0
Net Assets or Fund Balances	32	Total net assets or fund balances	18,269,253		18,193,802
Š	33	Total liabilities and net assets/fund balances	18,841,766		19,230,995
	55	1 otal liabilities and het assets/fund balances	10,041,700	- 55	19,230,993

Form **990** (2023)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	7,692	2,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	7,815	5,696
3	Revenue less expenses. Subtract line 2 from line 1	3		-123	3,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	8,269	9,253
5	Net unrealized gains (losses) on investments	5		47	7,696
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	8,193	3,802
Part	. •			ı	_
	Check if Schedule O contains a response or note to any line in this Part XII				Χ
				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		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	. 3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization				Employer identification	number		
STARLIGHT CHILDREN'S FOUNDATION					02159		
Part I Reason for Public Charity Status. (All or							
The organization is not a private foundation because it is: (F		-		,			
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
A school described in section 170(b)(1)(A)(ii). (Att	•		- \				
A hospital or a cooperative hospital service organia		•	, , , , , , ,				
4 A medical research organization operated in conju hospital's name, city, and state:	inction with a nospital o	lescribed	ın section	1/0(b)(1)(A)(III). En	iter the		
5 An organization operated for the benefit of a colleg	a or university owned	or operate	d by a go	vernmental unit desc	orihod in		
section 170(b)(1)(A)(iv). (Complete Part II.)					Jibed III		
6 A federal, state, or local government or governmen							
7 X An organization that normally receives a substantion described in section 170(b)(1)(A)(vi). (Complete F		m a gove	rnmental ι	unit or from the gene	ral public		
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part	II.)					
9 An agricultural research organization described in or university or a non-land-grant college of agricult university:							
An organization that normally receives (1) more the receipts from activities related to its exempt function support from gross investment income and unrelated acquired by the organization after June 30, 1975.	ons, subject to certain e ted business taxable in	exceptions come (les	s; and (2) r s section (no more than 33 1/3° 511 tax) from busine	% of its		
11 An organization organized and operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).			
An organization organized and operated exclusive one or more publicly supported organizations described the box on lines 12a through 12d that described in the box on lines 12a through 12d that described in the box of lines 12a through 12d through	cribed in section 509(a)(1) or se	ction 509(a)(2). See section 5	509(a)(3).		
a Type I. A supporting organization operated, sup the supported organization(s) the power to regu- organization. You must complete Part IV, Sec	ularly appoint or elect a						
b Type II. A supporting organization supervised of control or management of the supporting organization(s). You must complete Part IV, S	ization vested in the sa						
c Type III functionally integrated. A supporting its supported organization(s) (see instructions).					rated with,		
d Type III non-functionally integrated. A support that is not functionally integrated. The organization requirement (see instructions). You must compare the compared to the c	tion generally must sati	sfy a distr	ibution red	quirement and an att			
e Check this box if the organization received a wr	ritten determination fror	n the IRS	that it is a	Type I, Type II, Typ	e III		
functionally integrated, or Type III non-functional		ng organiz	ation.				
f Enter the number of supported organizations					0		
g Provide the following information about the support (i) Name of supported organization (ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)		
		Yes	No				
(A)							
(B)							
(C)							
(D)							
(E)							
Total				Λ.	l o		

scriedule A (Fo	STARLIGHT CHILDREN'S FOUNDATION	90-3002109
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 I	below, please complete Part III.)
Saction A	Public Support	

	ction A. Public Support					T T	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,829,101	9,579,837	11,920,916	15,654,674	17,233,113	66,217,641
2	Tax revenues levied for the						
	organization's benefit and either paid					A	
	to or expended on its behalf						0
3	The value of services or facilities				4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	11,829,101	9,579,837	11,920,916	15,654,674	17,233,113	66,217,641
5	The portion of total contributions by	,626,161	0,0.0,00.	,020,0.0	10,000,00	,_00,	00,2 ,0
•	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)						26 710 720
_	* *						36,719,728
6	Public support. Subtract line 5 from line 4						29,497,913
	ction B. Total Support Indar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		, ,			` '	` '	
7	Amounts from line 4	11,829,101	9,579,837	11,920,916	15,654,674	17,233,113	66,217,641
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	46,627	10,152	11,253	148,840	366,165	583,037
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	•					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	4,633	254	1,327	565		6,779
11	Total support. Add lines 7 through 10						66,807,457
12	Gross receipts from related activities, etc. (see	ee instructions).				12	1,515,893
13	First 5 years. If the Form 990 is for the orga						T
	organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2023 (line 6, c	olumn (f), divided l	by line 11, column	(f))		14	44.15%
15	Public support percentage from 2022 Sched	ule A, Part II, line 1	4			15	45.51%
16a	33 1/3% support test-2023. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	s a publicly support	ed organization .				X
b	33 1/3% support test—2022. If the organize	ation did not check	a box on line 13 o	r 16a. and line 15 i	s 33 1/3% or more	. check this	· <u></u>
	box and stop here . The organization qualified						
17a	10%-facts-and-circumstances test—2023						<u> </u>
174	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts						
	organization		•	•			
b	10%-facts-and-circumstances test—2022	2. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			•			
	organization						
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				"		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
_	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from	U		0	U	U	U
0	line 6.)						0
Sec	tion B. Total Support		V				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,	Ť					
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less	4					
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		•				•
4.4	and 12.)	0	0	0	0	0	0
14	organization, check this box and stop here	•		•	` ' ' '		
S				· · · · · · · · ·		<u> </u>	· · · · · <u>L</u>
	Etion C. Computation of Public Su		•	(f \)		15	0.00%
15 16	Public support percentage for 2023 (line 8, c Public support percentage from 2022 Sched		-			16	0.00%
	tion D. Computation of Investmen					10	0.0070
17	Investment income percentage for 2023 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se		-			18	0.00%
	33 1/3% support tests—2023. If the organi						0.0070
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organi	-			-		<u></u>
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did i	not check a box on	line 14 19a or 19	b check this box a	and see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
24		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
Ů		
9a		
9b		
9с		
10a		
10b		

Part	IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
Occi	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cast	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

 Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organization. 	g trus	st on Nov. 20, 1970 <i>(explain</i> .	•
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	0	0
5 Depreciation and depletion	5	<u> </u>	
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional instructions)	ly inte	egrated Type III supporting	organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in Part V i	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	Т	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount	<u> </u>		0
i	Carryover from 2018 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2019			
<u>b</u>	Excess from 2020 0			
c				
d	Excess from 2022 0			
е	Excess from 2023 0			

Schedule A (F	orm 990) 2023 ST	ARLIGHT CHILDREN'S FOUNDATION	95-3802159	Page 8
Part VI	III, line 12; Part IV, Section B, lines 1 and 2; Part IV, S 3a, and 3b; Part V, line 1;	on. Provide the explanations required by Part II, line 10; Part II, lin A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11 Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; a nplete this part for any additional information. (See instructions.)	c; Part IV, Section on E, lines 1c, 2a, 2b,	
Part II Sec	ion B Line 10, EXPLANATIO	ON OF OTHER INCOME: MISCELLANEOUS REVENUE - 2019		
AMOUNT:	\$4,633. 2020 AMOUNT: \$2	54. 2021 AMOUNT: \$1,327. 2022: AMOUNT: \$565.		
				
		10		
)		
	-			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

STARLIGHT CHILDREN'S FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Control	ollections of Ar	t, Histor	ical Tre	asures, or (Other S	imilar Assets	(conti	nued)	
3	Using the organization's acquisition, acc	ession, and other	records, o	check any	of the followi	ng that m	nake significant	use of it	s	
	collection items (check all that apply).									
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization XIII.	n's collections and	explain h	ow they fu	ırther the orga	anization'	s exempt purpo	se in Pa	art	
5	During the year, did the organization sol assets to be sold to raise funds rather the							☐ Ye	.e	No
Dort			ou as part	or the org	gariization 3 G	DIICCLIOIT:		<u> </u>	,5	NO
Part	Escrow and Custodial Arrange Complete if the organization ar		n Form 9	90, Part	IV, line 9, o	r report	ed an amount	on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, cu			-	ributions or o	ther asse	ets not			
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part	t XIII and complete	the follow	ving table		-	Ι ,	mount		
С	Beginning balance					1c	<i>,</i>	mount		
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount	on Form 990, Part	X, line 21	I, for escr	ow or custodia	al accour	nt liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part				_		•		一	
Part			•							
	Complete if the organization ar	nswered "Yes" o	n Form 9	90, Part	IV, line 10.					
		(a) Current year	(b) Pric		(c) Two years	back (c	d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance		V							
b	Contributions									
С	Net investment earnings, gains,									
	and losses	*	\longrightarrow					-		
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	0		0		0)		0
2	Provide the estimated percentage of the	current year end	balance (l	ine 1g, co	olumn (a)) held	d as:				
а	Board designated or quasi-endowment		%		. ,,					
b	Permanent endowment	%								
С		<u>/</u>								
_	The percentages on lines 2a, 2b, and 2c	•					1.6 (1)			
3a	Are there endowment funds not in the programment funds not in the programm	ossession of the o	rganizatio	n that are	neid and adr	ninistered	a for the	ſ	Yes	No
	organization by: (i) Unrelated organizations							3a(i)	162	NO
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related org							3b		
4	Describe in Part XIII the intended uses of							L	J.	
Part										
	Complete if the organization ar	nswered "Yes" o	n Form 9	90, Part	IV, line 11a	. See F	orm 990, Part	X, line	10.	
	Description of property	(a) Cost or oth		. ,	or other basis	٠,	ccumulated	(d) Bo	ook value)
		(investm	•	(0	other)	dep	preciation			
1a	Land	+	0		0					0
b	Buildings		0		0		0			0
c d	Leasehold improvements		0		127,404		79,713		1	0 7,691
e	Other		0		416,907		322,703			4,204
	. Add lines 1a through 1e. (Column (d) m		•	line 10c,						1,895

Part VII Investments—Other Securities.		
Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other U.S. TREASURY NOTES AND BILLS	8,437,763 F	
(A)		
(B)		
(C)		<u> </u>
(D)		
(E)		
(F)		
(G)		
(H)	0.407.700	
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)).	8,437,763	
Part VIII Investments—Program Related. Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	* 1	
(5)		
(6)		•
_ (8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).	0	
Part IX Other Assets.	"\\	lant IV lines 444 Core France 000 Deat V lines 45
		art IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	npuon	(b) Book value
(1)		
(2)		
(3)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, or	col. (B))	0
Part X Other Liabilities.		,
	"Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Part X,
line 25.	,	,
	tion of liability	(b) Book value
(1) Federal income taxes		0
(2) RIGHT OF USE - LEASÉ LIAB.		213,236
(3) OTHER LIABILITIES		0
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (h) must equal Form 990, Part X, line 25, i	col (B))	213 236

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

Χ

Par	Reconciliation of Revenue per Audited Financial Statements V Complete if the organization answered "Yes" on Form 990, Part IV			turn.	
1	Total revenue, gains, and other support per audited financial statements		<u>za.</u>	1	18,372,914
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	10,372,914
– a	Net unrealized gains (losses) on investments	2a	47,696		
b	Donated services and use of facilities	2b	255,834		
C	Recoveries of prior year grants	2c	200,001		
d	Other (Describe in Part XIII.)	2d	376,835		
	Add lines 2a through 2d		0.0,000	2e	680,365
3	Subtract line 2e from line 1			3	17,692,549
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, , .
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	17,692,549
Part	XII Reconciliation of Expenses per Audited Financial Statements	With E	xpenses per l	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	18,448,365
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	255,834		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		2d	376,835		
е	Other (Describe in Part XIII.)			2e	632,669
3	Subtract line 2e from line 1			3	17,815,696
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	17,815,696
	XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa				4; Part X, line
2; Pai	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any a	additional informa	ition.	
Part >	CLine 2 THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UND	DER SEC	TION 501(C)(3)		
PRO\	/ISIONS OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED ("IRC' C	OR "THE	CODE") AND		
SIMIL	AR PROVISIONS OF THE STATE OF CALIFORNIA REVENUE AND TAXATION	CODES	. THE FOUNDAT	ION	
ALSC	HAS BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION	ON WITH	HIN THE MEANI	NG	
OF IF	RC 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED	D IN IRC			
	. (74				
170(E	3)(1)(A)(VI). THE FOUNDATION EVALUATES ITS TAX PROVISIONS FOR ANY F	POTENT	IAL UNCERTAIN		
TAX	POSITIONS. THE FOUNDATION BELIEVES ITS TAX POSITIONS ARE MORE LI	IKELY TH	IAN NOT TO BE		
SUST	AINED IF CHALLENGED BY TAX AUTHORITIES.				
Part >	(I Line 2D AMOUNT REPRESENTS COST OF SALES FOR INVENTORY SALES	SHOWN	I AS AN EXPEN	SE ON	
AUDI	TED FINANCIAL STATEMENT (AND SHOWN ON PART VIII FOR FORM 990)				
_					
Part >	(II Line 2D AMOUNT REPRESENTS COST OF SALES FOR INVENTORY SALES	SHOW	N AS AN EXPEN	SE	
	UDITED FINANCIAL STATEMENT (AND SHOWN ON PART VIII FOR FORM 990				

Schedule D (Form 990) 2023	STARLIGHT CHILDREN'S FOUNDATION	95-3802159	Page 5
Part XIII Supplem	nental Information (continued)		
		•	
		·····	
			
			
	÷ ()		
	C)		
	~		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No. 1545-0047

STA	ARLIGHT CHILDREN'S F	OUNDATION				95-3802159
Pa	General Inform Form 990, Part IV		vities Outside	e the United States. Com	plete if the organization answ	ered "Yes" on
1	_	antees' eligibility	for the grants or	ds to substantiate the amount assistance, and the selection	-	X Yes No
	outside the United State	es.			use of its grants and other as	ssistance
3	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	an be duplicated if additional (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
(4)	North America	0	0	PROGRAM SERVICES	GAMING STATION SALES	
(1)		0	0			
(2)						
(3)						
(4))					
(5)						
(6)			+	O		
(7)						
(8)						
(9))	×				
(10)						
(11)					
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	0	0			0
	Total from continuation					
	sheets to Part I	0	0			0

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 rece	ived more than \$5,0	00. Part II can be	duplicated if addition	nal space is need	ded.	_
	ame of nization	(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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)					•	7			
(7)									
(8)									
(9)				* (
(10)									
(11)									
(12)			*						
(13)									
(14)									
(15)									
(16)									
						foreign country, recogr			
			y the IRS, or for which	the grantee or counse	I has provided a sec	ction 501(c)(3) equivale	ency letter		

(18)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (h) Method of (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description valuation recipients cash grant cash noncash of noncash assistance (book, FMV, disbursement assistance appraisal, other) (10)(11) (12) (13) (14)(15) (16) (17)

95-3802159

Part 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)
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)
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)
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)
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)
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)

Schedule F (Form 990) 2023

Part V	Supplemental Information
I GIL 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.

Part I Line 3 STARLIGHT CHILDREN'S FOUNDATION DOES NOT DIRECTLY MAINTAIN OFFICES,
EMPLOYEES OR AGENTS IN FOREIGN COUNTRIES. FOREIGN ACTIVITIES CONSIST OF SALES OF GAMING
STATIONS TO INDEPENDENT FOREIGN AFFILIATE ORGANIZATION IN CANADA IN THE AMOUNT OF
\$100,000. PLUS \$20,980 GIFT IN-KIND AND \$10,000 DISTRIBUTION GRANT FROM STUDIO MDHR
ENTERTAINMENT INC. AND SPIN MASTER LTD. DONATED A COMBINATION OF \$46,200 GIFT4N-KIND PLUS
\$10,000 DISTRIBUTION GRANT.
•.()
30
(7)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

TARLIGHT CHILDREN'S FOUNDATION							95-3802159	
Part I General Information	on on Grants	and Assistance						
Does the organization mainta the selection criteria used toDescribe in Part IV the organ	award the grants nization's proced	s or assistance? . ures for monitoring	the use of grant funds	in the United States.			X Yes No	
					ts. Complete if the or cated if additional spa		d "Yes" on Form	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)					\cup			
(2)								
(3)								
(4)								
(5)			N					
(6)								
(7)		LVC) •					
(8)								
(9)	10							
(10)								
(11)								
(12)	•							
2 Enter total number of section				1 table			0	

Schedule I (Form 990) 2023

Page **2**

Part III Grants and Other Assistance to Do Part III can be duplicated if additiona		•	e organization answe	ered "Yes" on Form 990), Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOSPITALIZED CHILDREN					TOYS, BOOKS, GAMES,
1	348,000		12,004,479	FMV	COSTUMES
	0.0,000		:=,00:,0		
2					
3					
4					
5					
6				5	
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other add	itional information.
Part I Line 2 THE ORGANIZATION RECEIVES AND D	ISTRIBUTES NON	CASH GOODS AND N	MAINTAINS RECORDS	AS TO THE QUANTITY	AND ESTIMATED VALUE OF
EACH ITEM. THE HOSPITALS TO WHICH THE FOUN	NDATION SHIPS NO	ONCASH GOODS AR	E WELL KNOWN AND	REPUTABLE IN THEIR (COMMUNITIES, THE FOUNDATION
RELIES ON EACH HOSPITAL TO DISTRIBUTE THE I	TEMS TO CHILDRI	EN STAYING AT THE	HOSPITAL AND ACC	ORDINGLY, THIS DOES	NOT NECESSITATE FURTHER
REPORTING BACK TO THE FOUNDATION.	$\mathcal{L}(\Omega)$				
Part III Line 1 THE NUMBER ON COLUMN B REPRES	SENTS AN ESTIMA	TE OF THE NUMBER	OF HOSPITALIZED C	HILDREN WHO RECEIV	ED ASSISTANCE DURING
2023. STARLIGHT PROVIDED SUCH ASSISTANCE T	O CHILDREN IN O	VER 700 HOSPITALS	S		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

STARLIGHT CHILDREN'S FOUNDATION 95-3802159 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Written employment contract X Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization? 5a Χ Any related organization? . . . Χ 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?. 6a Any related organization?. 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title			and/or 1099-MISC and/or 10					
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
ADAM GARONE	(i)	362,818			11,126	14,408	388,352	
1 CEO	(ii)						0	
MIKE OLSON CPA	(i)	192,123			6,005	13,841	211,969	
2 CFO	(ii)						0	
CINDEE STARKIE	(i)	149,018			3,150	8,697	160,865	
3 VP OF MARKETING & COMMUNICA	(ii))	0	
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
8	(i) (ii)			3				
9	(i) (ii)							
10	(i) (ii)							
11	(i) (ii)							
12	(i) (ii)							
13	(i) (ii)	J						
14	(i) (ii)							
15	(i) (ii)							
16	(i) (ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
——————— ▼ —————————————————————————————

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

STARLIGHT CHILDREN'S FOUNDATION

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

Inspection | Employer identification number

95-3802159

Par	Types of Property							
		(a) Check if	(b) Number of contributions or	(c) Noncash contribution amounts reported on	Method			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash co	ntributi	on amo	ounts
1	Art—Works of art							
2	Art—Historical treasures				1			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures			*				
14	Qualified conservation contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other		* ()					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archaeological artifacts							
25	Other (GAMES, TOYS, BOC)	X	37	8,954,413	SEE PART	II		
26	Other (
27	Other (
28	Other (
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	Part V, Donee Acknowledg	ement	29		V	NI.
20-	Duning the company did the experiment	i l		was a second and in David I. limaa dalla			Yes	No
30a	During the year, did the organization 28, that it must hold for at least 3 years.				_			
	to be used for exempt purposes for					200		X
h	If "Yes," describe the arrangement		notality period?			30a		
b 31	Does the organization have a gift a		nolicy that requires the royi	aw of any nonctandard				
31	contributions?					24	Х	
32a	Does the organization hire or use					31	^	
JZa	noncash contributions?	•				32a		Х
b	If "Yes," describe in Part II.					JŁa		^
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is				
-	checked describe in Part II	a. Hourt III C	or prop	orty for willon obtainin (a) is				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

STARLIGHT CHILDREN'S FOUNDATION

Employer identification number

95-3802159

Form 990, Part III, Line 4d: Program Service Expenses: 198,535, Grants and allocations:
171,520, Revenue: 0 STARLIGHT EDUCATION: STARLIGHT EDUCATION PROVIDES SCHOOL SUPPLIES AND
RESOURCES TO PATIENTS AND THEIR FAMILIES. FROM UNEXPECTED INJURIES TO ONGOING TREATMENT FOR
SEVERE ILLNESSES, EVEN A BRIEF HOSPITALIZATION CAN CAUSE A CHILD TO MISS SCHOOL, IMPACTING
THEIR OVERALL MENTAL HEALTH AND EDUCATIONAL DEVELOPMENT. STARLIGHT EDUCATION PROVIDED SUPPORT
TO PEDIATRIC PATIENTS BY PROVIDING FREE STARLIGHT SCHOOL SUPPLIES CONTAINING ESSENTIAL SCHOOL
ITEMS, SUCH AS BACKPACKS, NOTEBOOKS, COLORED PENCILS AND RULERS. IN 2023, APPROXIMATELY 10,000
CHILDREN RECEIVED ASSISTANCE.
Form 990, Part III, Line 4d: Program Service Expenses: 129,821, Grants and allocations:
91,259, Revenue: 0 STARLIGHT VIRTUAL REALITY (VR):THE FIRST GENERAL USE VR SOLUTION FOR
PEDIATRIC SETTINGS WITH PATIENTS 13 YEARS OLD AND OVER, STARLIGHT VR COMES PRELOADED WITH 20+
CURATED EXPERIENCES TO HELP ENTERTAIN AND DISTRACT CHILDREN DURING DIFFICULT MEDICAL
PROCEDURES.
Form 990, Part III, Line 4d: Program Service Expenses: 278,943, Grants and allocations: 0,
Revenue: 0 MISCELLANEOUS OTHER PROGRAM SERVICES:STARLIGHT MISSION DELIVERY STAFF LABOR AND
SOFTWARE COSTS RELATED TO OPERATING THE STARLIGHT HUB INVENTORY ORDERING SYSTEM.
Form 990, Part VI, Section B, Line 11B: THE FOUNDATION'S STAFF WORKS CLOSELY WITH AN
INDEPENDENT ACCOUNTING FIRM ENGAGED TO PREPARE THE RETURN. THE FINAL DRAFT OF FORM 990 IS ALSO
REVIEWED BY THE CFO AND CEO. A COMPLETE COPY OF THE FINAL FORM 990 IS THEN REVIEWED BY THE
AUDIT COMMITTEE PRIOR TO IT BEING PROVIDED TO ALL VOTING BOARD MEMBERS VIA EMAIL FOR REVIEW
AND COMMENT PRIOR TO FILING WITH THE IRS.
Form 990, Part VI, Section B, Line 12C: THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE
OPERATIONS DEPARTMENT. PURSUANT TO THE POLICY, ALL COVERED PERSONS (I.E., BOARD MEMBERS,
OFFICERS, EXECUTIVE LEADERSHIP AND OTHER EMPLOYEES), WHEN THEY BECOME A COVERED PERSON AND
ANNUALLY THEREAFTER, ARE REQUIRED TO SIGN A CONFLICT OF INTEREST AND ETHICS ASSURANCE

STATEMENT AFFIRMING THAT HE/SHE HAS READ, UNDERSTANDS AND AGREES TO COMPLY WITH THE CONFLICT

Schedule O (Form 990) 2023

Name of the organization

STARLIGHT CHILDREN'S FOUNDATION 95-3802159 OF INTEREST POLICY. ALL COVERED PERSONS ARE ALSO REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE AIMED AT IDENTIFYING ANY RELATED PARTY TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE OPERATIONS DEPARTMENT. UNDER THE BYLAWS, RELATED PARTY TRANSACTIONS MAY BE APPROVED BY THE BOARD IF SPECIFIED STANDARDS ARE MET AND PROCEDURES FOLLOWED, INCLUDING FULL DISCLOSURE OF THE MATERIAL FACTS CONCERNING THE TRANSACTION, A MAJORITY VOTE WITHOUT COUNTING THE VOTE (AND OUTSIDE THE PRESENCE) OF THE INTERESTED PARTY AND A DETERMINATION BY THE BOARD IN GOOD FAITH THAT STARLIGHT CHILDREN'S FOUNDATION COULD NOT HAVE OBTAINED A MORE ADVANTAGEOUS ARRANGEMENT WITH REASONABLE EFFORT UNDER THE CIRCUMSTANCES. IN ADDITION, RELATED PARTY TRANSACTIONS MAY BE RATIFIED BY THE BOARD (OR A COMMITTEE OR PERSON AUTHORIZED BY THE BOARD) SUBJECT TO THE SAME STANDARDS AND PROCEDURAL PROTECTIONS WHEN IT IS NOT REASONABLY PRACTICABLE TO OBTAIN BOARD APPROVAL IN ADVANCE. SUCH APPROVAL IS NOT REQUIRED FOR EMPLOYMENT AGREEMENTS OR FOR REIMBURSEMENT OF DIRECTORS OR OFFICERS FOR LEGAL FEES AND EXPENSES REASONABLY INCURRED IN THE PERFORMANCE OF THEIR OBLIGATIONS OR FOR INDEMNIFICATION PERMITTED UNDER THE BYLAWS. Form 990, Part VI, Section B, Line 15: THE HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) IS ACCOUNTABLE FOR RECOMMENDATIONS TO THE BOARD FOR ITS APPROVAL OF THE COMPENSATION PACKAGES FOR THE CEO AND CFO. NO MEMBER OF THE HRCC HAS A CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION ARRANGEMENTS. THE HRCC PROCESS INCLUDES: (1) ESTABLISHING GOALS AND OBJECTIVES, CONSISTENT WITH THE FOUNDATION'S MISSION AND CORPORATE STRATEGY, WITH WHICH TO EVALUATE THE CEO'S ANNUAL PERFORMANCE. (2) MONITORING THE CEO'S AND CFO'S PERFORMANCE AGAINST THE MISSION AND CORPORATE GOALS AND STRATEGIES: (3) REVIEW OF THE TERMS OF COMPENSATION PACKAGES FOR THE CEO AND CFO: AND (4) EVALUATION OF PUBLICLY AVAILABLE COMPARABILITY DATA UTILIZING NATIONAL NONPROFIT COMPENSATION SURVEYS. Form 990, Part VI, Section C, Line 18: THE ORGANIZATION'S FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE. THE FORM 990 AND FORM 1023 ARE ALSO AVAILABLE UPON REQUEST. Form 990, Part VI, Section C, Line 19: THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Page

Employer identification number

Schedule O (Form 990) 2023 Name of the organization Employer identification number STARLIGHT CHILDREN'S FOUNDATION 95-3802159 Form 990, Part XII, Line 2C: THE BOARD OF DIRECTORS HAS CONSTITUTED AN AUDIT COMMITTEE WITH THE RESPONSIBILITY FOR RECOMMENDING TO THE BOARD THE RETENTION OF THE INDEPENDENT AUDITORS AND SUPERVISING THE EXTERNAL AUDIT. THE OVERSIGHT OF INTERNAL AND FINANCIAL CONTROLS REMAINS THE SAME. Form 990, Part VII, Section A, Line 7: ALISA BOWEN WAS A DIRECTOR FOR THE WHOLE OF 2023 AND BECAME VICE CHAIR IN JANUARY 2023. Form 990, Part I, Line 1 and 13: IN THE PRIOR YEAR FORM 990, GRANTS AND SIMILAR AMOUNTS PAID IN THE AMOUNT OF \$7,761,931 WERE PRESENTED WITHIN OTHER EXPENSES ON LINE 17, THIS AMOUNT HAS BEEN PRESENTED ON LINE 13 IN THE CURRENT YEAR TO CONFORM TO THE 2023 PRESENTATION. Form 990, Part XI, Line 9: DONATED PROFESSIONAL SERVICES REVENUE AND EXPENSE ARE EXCLUDED FROM TAX RETURN (\$255,834).