Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022
Open to Public

Department of the Treasury Internal Revenue Service 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.

н г	OI LITE	2022 Calefidat year, or tax year beginning	enung					
	heck if oplicable	C Name of organization		D Employer identi	fication number			
Х	Addres	STARLIGHT CHILDREN'S FOUNDATION						
	Name change	Doing business as		95-380215	9			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 5855 GREEN VALLEY CIRCLE	Room/suito	E Telephone numb				
	return/ termin		107		16,295,979.			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code CULVER CITY CA 90230		G Gross receipts \$				
	return Application	,		H(a) Is this a group				
	tion pendin	F Name and address of principal officer: ADAM GARONE SAME AS C ABOVE		for subordinate				
			50	H(b) Are all subordinates				
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	–	a list. See instructions			
	Vebsit		1. 1/	H(c) Group exempt				
K ⊦ Pa	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Yea	r of formation: 1983	M State of legal domicile; CA			
		Briefly describe the organization's mission or most significant activities: STARLIC	GHT DELI	VERS HAPPINESS T	0			
8		SERIOUSLY ILL CHILDREN AND THEIR FAMILIES.						
밀		Check this box if the organization discontinued its operations or dispos	ed of mor	a than 25% of its not a	ccatc			
ē	_			-	1			
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)						
∞		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			<u>' </u>			
ţį		Total number of volunteers (estimate if necessary)						
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12						
₹		Net unrelated business taxable income from Form 990-T, Part I, line 11		-				
		Net difference business taxable moonle from 1000 1,1 arti, file 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		11,920,916				
Revenue				0				
ě		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,253	<u> </u>			
a l		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		307,327				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,239,496				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0				
		Benefits paid to or for members (Part IX, column (A), line 4)		0				
ا پ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,578,357	3,042,348.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0				
ᇹ		Total fundraising expenses (Part IX, column (D), line 25) 2,146,						
찗		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,107,162	. 9,730,578.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,685,519				
		Revenue less expenses. Subtract line 18 from line 12		553,977				
<u>ال</u>				eginning of Current Year				
ets	20	Total assets (Part X, line 16)		15,437,142				
t Assets or nd Balances	21	Total liabilities (Part X, line 26)		680,616	. 572,513.			
Ħ,	22	Net assets or fund balances. Subtract line 21 from line 20		14,756,526	. 18,269,253.			
Pa	rt II	Signature Block			•			
Jnde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	nents, and to the best of r	my knowledge and belief, it is			
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge.				
Sigr	1	Signature of officer		Date				
Here	Э	MIKE OLSON, CPA, CFO		10/3	31/2023			
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		JONATHAN P. SCHUBERT, CPA	-	10/31/2023 If self-emp	loyed P00032866			
rep	arer	Firm's name SINGERLEWAK, LLP		Firm's EIN	95-2302617			
Jse	Only	Firm's address 18400 VON KARMAN AVE, SUITE #110						
		IRVINE, CA 92612		Phone no.94	19-623-0540			
Λaγ	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		Х Х
1	Briefly describe the organization's mission:		
	SINCE 1982, STARLIGHT HAS BEEN DELIVERING HAPPINESS TO SERIOUSLY ILL CHILDREN AND THEIR FAMILIES.		
	CHILDREN AND INEIR PAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed	d on the	
_	prior Form 990 or 990-EZ?		Yes X No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service.	ervices. as measured b	v expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	•	•
	revenue, if any, for each program service reported.	•	,
4a	(Code:) (Expenses \$ 4,609,159. including grants of \$) (Revenue \$)
	STARLIGHT DELIVERIES:		,
	STARLIGHT OFFERS AN EASY-TO-USE ONLINE PLATFORM WHERE HOSPITALS CAN		
	ORDER ITEMS DIRECTLY FROM OUR 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. ALL		
	PRODUCTS ARE SHIPPED FREE-OF-CHARGE TO OUR MORE THAN 800 HOSPITAL AND		
	HEALTH CARE FACILITY PARTNERS IN THE US.		
4b	(Code:) (Expenses \$ 2 , 309 , 585. including grants of \$) (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.		
4c) (Revenue \$	491,900.
	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.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 2,117,623. including grants of \$) (Revenue \$)
4e	Total program service expenses 9,922,677.		_ 000
			Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	, the first conduction of the			

Form 990 (2022) STARLIGHT CHILDREN'S FOUNDATED FOR THE PART IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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,			l
	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			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	"		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			للم
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 16	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022

Part V 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 30					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х		
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 Ad	counts (FBAR).					
5a			5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х		
	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						
	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 contribution are expressed as the state of the state o						
-	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7.	х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X			
b		e roquirod	/ b	21			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa to file Form 8282?	is required	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	<u> </u>	7e		х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8							
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1 I					
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a				
а	Note: See the instructions for additional information the organization must report on Schedule O.		134				
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
J	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
		100	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.			000	(0000)		
				1 14 14 1	10000		

STARLIGHT CHILDREN'S FOUNDATION Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 6 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0

232006 12-13-22

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records MIKE OLSON, CPA - 310-479-1212

5855 GREEN VALLEY CIRCLE, STE 107, CULVER CITY, CA 90230

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

- 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				tion	con	nper	sate	ed any current officer, d					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated			
	hours per	box					n an	compensation	compensation	amount of			
	week		l ai		II ecto	i / ii us	(66)	from	from related	other			
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations	ruste	l trus		yee	m pen		1099-NEC)	1000 NEO)	and related			
	below	ndividual trustee or director	nstitutional trustee	<u></u>	Key employee	Highest compensated employee	-e			organizations			
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
(1) ADAM GARONE	40.00												
CEO				Х				343,184.	0.	23,742.			
(2) MIKE OLSON, CPA	40.00												
CFO				Х				180,983.	0.	5,937.			
(3) ROSS MILLER	40.00												
CONTROLLER						Х		134,415.	0.	13,511.			
(4) AIMEE FINN	40.00												
SR. DIRECTOR INDIVIDUAL GIVING						Х		115,398.	0.	12,627.			
(5) CHRISTINE SOLDNER	40.00												
SR. DIRECTOR CORP. DEVELOPMENT						Х		111,132.	0.	12,416.			
(6) JOHN ROSENBERG	1.00												
BOARD CHAIR		Х		Х				0.	0.	0.			
(7) CARA NATTERSON	1.00												
BOARD VICE CHAIR		Х		Х				0.	0.	0.			
(8) HOWARD COHL	1.00												
SECRETARY		Х		Х				0.	0.	0.			
(9) DEBRA JOHNSON	1.00												
TREASURER		Х		Х				0.	0.	0.			
(10) PETER SAMUELSON	1.00												
DIRECTOR / CO-FOUNDER		Х						0.	0.	0.			
(11) HENRY FIELDS	1.00												
DIRECTOR		Х						0.	0.	0.			
(12) KIRA GOLDBERG	1.00												
DIRECTOR		Х						0.	0.	0.			
(13) CHRIS HELFRICH	1.00												
DIRECTOR		Х						0.	0.	0.			
(14) ALISA BOWEN	1.00												
DIRECTOR		Х						0.	0.	0.			
(15) RECHELLE PORTER	1.00												
DIRECTOR		Х						0.	0.	0.			
(16) SHAWN HARPEN	1.00	1											
DIRECTOR		Х						0.	0.	0.			
(17) DAWN WILCOX	1.00	1											
DIRECTOR		Х		l				0.	0.	0.			

232007 12-13-22 Form **990** (2022)

FOIII 990 (2022)										1 agc C
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average Posi (do not check r box, unless per week officer and a di					than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ARNIE MENDOZA	1.00									
DIRECTOR		Х						0.	0.	0.
		•								
1b Subtotal								885,112.	0.	68,233.
c Total from continuation sheets to Part V								0.	0.	0. 68,233.
d Total (add lines 1b and 1c)								885,112.	υ,	00,233.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation the calcinal year chains with or with		
(A)	(B)	(C)
Name and business address	Description of services	Compensation
STANDARD TEXTILE	MANUFACTURING OF STARLIGHT	
PO BOX 772273, DETROIT, MI 48277	HOSPITAL WEAR	1,323,570.
CARGO ZONE	HANDLING, STORAGE, AND	
6200 N 16TH ST, OMAHA, NE 68110	DISTRIBUTION DIST	882,118.
BEMOBILE APPAREL, 16142 WINDEMEIR LANE ,		
HUNTINGTON BEACH, CA 92647	GOWN MANUFACTURER	183,058.
PIGEON ROAD INC		
330 N LA LUNA AVENUE, OJAI, CA 93023	PHOTOGRAPHY & VIDEO SERVICES	128,651.
MEDIA CAUSE		
PO BOX 190432, SAN FRANCISCO, CA 94119	MARKETING	108,000.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 6	·	
*		= 000 (assa)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1 :	Federated campaigns1a					
anta							
يج ق							
ts, An		Fundraising events 1c					
를		Related organizations 1d					
S.		Government grants (contributions)	485,271.				
r jo	f	All other contributions, gifts, grants, and					
ig #		similar amounts not included above 1f	15,169,403.				
함	ç	Noncash contributions included in lines 1a-1f 1g \$	7,203,343.				
Contributions, Gifts, Grants and Other Similar Amounts	r	Total. Add lines 1a-1f		15,654,674.			
			Business Code				
ø.	2 a	i					
Program Service Revenue	k						
Ser	c						
E S							
gra Re	6						
ပင		All other program service revenue					
_		-					
$\overline{}$	3	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest		148,840.			148,840.
		other similar amounts)		140,040.			140,040.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss)					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ē		and sales expenses					
eu		Gain or (loss) 7c					
ě		Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not					
Ě	0.	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	3 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6	· I I	491,900.				
			0.				
				491,900.	491,900.		
_		: Net income or (loss) from sales of inventory	Business Code	131,300.	131,300.		
Sn	44 -	MISCELLANEOUS REVENUE	900099	565.			565.
Miscellaneous Revenue			200033	303.			565.
llan ren	b						
sce Be							
Ξ̈́		All other revenue		565.			
		Total Add lines 11a-11d		16,295,979.	491,900.	0.	149,405.
	12	Total revenue. See instructions		10,230,313.	1 =21,500.	١.	117,103.

232009 12-13-22

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respons		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	553,846.	240 993	80 527	222 226
_	trustees, and key employees	333,040.	240,993.	80,527.	232,326
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,062,035.	897,244.	299,813.	864,978
7	Other salaries and wages	2,002,033.	037,244.	233,013.	004,370
8	Pension plan accruals and contributions (include	60,933.	26,514.	8,859.	25 560
•	section 401(k) and 403(b) employer contributions)	179,030.	77,900.	26,031.	25,560 75,099
9	Other employee benefits	186,504.	81,153.	27,117.	78,234
10	Payroll taxes	100,304.	01,133.	27,117.	70,234
11	Fees for services (nonemployees):				
a	Management	8,684.		8,684.	
b	Legal	83,027.		83,027.	
C	Accounting	03,021.		03,027.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f					
g	, -	126,272.	92,725.		33,547
10	column (A), amount, list line 11g expenses on Sch 0.)	745,836.	372,918.		372,918
12	Advertising and promotion	32,099.	11,344.	9,220.	11,535
13 14	Office expenses	232,354.	149,640.	34,250.	48,464
	Information technology	232,331.	113,010.	31,230.	10,101
15 16	Royalties	186,947.	81,643.	26,424.	78,880
	Occupancy	163,377.	66,350.	30,971.	66,056
17 18	Payments of travel or entertainment expenses	200,077.		00,572.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,460.	3,866.	3,142.	59,452
20			-,	-,	, 202
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,000.	55,320.	26,625.	28,055
23	To a company of the c	18,524.	,	18,524.	
23 24	Other expenses, Itemize expenses not covered				
_7	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) DONATED MATERIALS	3,790,805.	3,790,805.		
a	PROGRAM UNITS				
b	PROGRAM DISTRIBUTION	3,007,870.	3,007,870. 963,256.		
q	FEES	117,054.	3,136.	20,819.	93,099
d		78,013.	3,130.	20,019.	78,013
	All other expenses Add lines 1 through 24a	12,772,926.	9,922,677.	704,033.	2,146,216
<u>25</u>	Total functional expenses. Add lines 1 through 24e	12,112,520.	5,522,011.	701,033.	2,140,210
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	reponed in committee form costs from a combined - 1				
	educational campaign and fundraising solicitation.		I	l	

Form 990 (2022) Part X Balance Sheet

Par	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,411,120.	1	3,249,368
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	1,794,846.	3	97,17		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
ပ္သ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			3,448,201.	8	5,440,91
¥	9	5			1,439,993.	9	1,513,91
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	619,732.			
	b	Less: accumulated depreciation	10b	372,205.	330,779.	10c	247,52
	11	Investments - publicly traded securities			5,980.	11	
	12	Investments - other securities. See Part IV, lin	ne 11		2,006,223.	12	8,265,37
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0,	15	27,49
	16	Total assets. Add lines 1 through 15 (must e	equal line 33)	15,437,142.	16	18,841,76
	17	Accounts payable and accrued expenses			338,111.	17	410,55
	18	Grants payable		18			
	19	Deferred revenue	28,600.	19	5,00		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	Schedule D		21	
g	22	Loans and other payables to any current or f	ormer office	r, director,			
		trustee, key employee, creator or founder, su	ıbstantial co	ntributor, or 35%			
Liabilities		controlled entity or family member of any of t	these persor	ns		22	
-	23	Secured mortgages and notes payable to un	related third	parties		23	
	24	Unsecured notes and loans payable to unrela	ated third pa	ırties		24	
	25	Other liabilities (including federal income tax,	, payables to	related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			313,905.	25	156,950
	26	Total liabilities. Add lines 17 through 25			680,616.	26	572,51
		Organizations that follow FASB ASC 958,	check here	X			
Se		and complete lines 27, 28, 32, and 33.					
lan	27				8,514,422.	27	9,877,78
Pa	28	Net assets with donor restrictions			6,242,104.	28	8,391,47
oun		Organizations that do not follow FASB AS	C 958, chec	k here			
ב ב		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fur				29	
Se	30	Paid-in or capital surplus, or land, building, o	r equipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Š	32	Total net assets or fund balances			14,756,526.	32	18,269,25
	33	Total liabilities and net assets/fund balances			15,437,142.	33	18,841,766 Form 990 (202

Pa	rt XI Reconciliation of Net Assets				J		
	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	3	6,295	,979.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	2,772	,926.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6		363	,049.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-363	,049.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	:	.8,269	,253.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х		
	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?		2	b X			
	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?		2	c X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C).				
За	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?			а	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Open to Public

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

Employer identification number

OMB No. 1545-0047

Name of the organization STARLIGHT CHILDREN'S FOUNDATION 95-3802159 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Total						

Section A. Public Support

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

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,876,173.	11,829,101.	9,579,837.	11,920,916.	15,654,674.	65,860,701.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,876,173.	11,829,101.	9,579,837.	11,920,916.	15,654,674.	65,860,701.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						35,738,753.
6	Public support. Subtract line 5 from line 4.						30,121,948.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	16,876,173.	11,829,101.	9,579,837.	11,920,916.	15,654,674.	65,860,701.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,311.	46,627.	10,152.	11,253.	148,840.	220,183.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	102,426.	4,633.	254.	1,327.	565.	109,205.
11	Total support. Add lines 7 through 10						66,190,089.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	1,248,085.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	45.51 %
	Public support percentage from 2021					15	38.90 %
	33 1/3% support test - 2022. If the					ore, check this box	and
	stop here. The organization qualifies						₹
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
			,				Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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? |f "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).
- 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		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b ule A (Forn	- 000°	0000
ue a (Forn	n 990)	2022

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 in	struction	s).	
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. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	t V Type III N	on-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Secti	ion D - Distributions			•		Current Year
1	Amounts paid to su	oported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to pe	rform activity that directly furthers exemp	ot purposes of supported			
	organizations, in exc	cess of income from activity			2	
3	Administrative expe	nses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acc	quire exempt-use assets	., .		4	
5		mounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		describe in Part VI). See instructions.	ovido dotano ni		6	
7		outions. Add lines 1 through 6.			7	
8		ntive supported organizations to which the	ne organization is responsive)		
_		art VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		8	
9	-	t for 2022 from Section C, line 6			9	
10	Line 8 amount divide	·			10	
	Line o amount aivid	sa sy inie o amoant	(i)	(ii)		(iii)
Secti	ion E - Distribution A	Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amoun	t for 2022 from Section C, line 6				
2	Underdistributions,	f any, for years prior to 2022 (reason-				
	able cause required	explain in Part VI). See instructions.				
3	Excess distributions	carryover, if any, to 2022				
а	From 2017					
b	From 2018					
С	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a thre	ough 3e				
g	Applied to underdist	ributions of prior years				
	Applied to 2022 dist					
		7 not applied (see instructions)				
		t lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 202					
	line 7:	\$				
a		ributions of prior years			\neg	
	Applied to 2022 dist					
		t lines 4a and 4b from line 4.				
		tributions for years prior to 2022, if				
•	•	Bg and 4a from line 2. For result greater				
		Part VI. See instructions.		I		
6		tributions for 2022. Subtract lines 3h				
3	~	For result greater than zero, explain in				
		•				
7	Part VI. See instruct	us carryover to 2023. Add lines 3j				
′		as carryover to 2023. Add lines of				
	and 4c.					
8	Breakdown of line 7	•				
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
GROSS FUNDRAISING REVENUE
2018 AMOUNT: \$ 92,407.
MISCELLANEOUS
2018 AMOUNT: \$ 10,019.
2019 AMOUNT: \$ 4,633.
2020 AMOUNT: \$ 254.
2021 AMOUNT: \$ 1,327.
2022 AMOUNT: \$ 565.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

STARLIGHT CHILDREN'S FOUNDATION

Employer identification number 95 - 3802159

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or Ac	counts. Complete if the
	, , , , _{, , , , , , , , , , , , , , ,}	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ten	minated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	n, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservatio	n easements during the year
_	 			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	rcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements (of section 170(h)(4)(R)	(i)
Ü	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	oto to the organization o m	idioidi otatoriiorito tri	at describes the
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	•		
	service, provide in Part XIII the text of the footnote to its finance	•		
b	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

232051 09-01-22

Sche	daic D (1 01111 330) 2022	CHILDREN'S FOUNI						95-380		Pa	ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, or	Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the f	following that	make siç	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔙 Lo	oan or exc	hange progra	ım					
b	Scholarly research	е	• O	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	•	-		-			se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, histo	orical treas	sures, or othe	r similar	assets		_		
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	rganizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								7		
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					A		
									Amount		
С.	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f O-	Ending balance								7 v	$\overline{}$	
	Did the organization include an amount on Fo						ty?		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in						n				
1 0.	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Pri		(c) Two year			ears back	(e) Four	vears h	ack
10	Beginning of year balance	(a) carront year	(2)111	or your	(O) TWO your	o buok	(a) 111100)	ours buok	(C) i oui	youro b	uon
b	Contributions Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a))) held as:						
_ a	Board designated or quasi-endowment	•	%		,,						
b	Permanent endowment	%									
С		 . %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	nd administer	ed for the	Э				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)	\perp	
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, I	line 11a. S	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulate reciation	ed	(d) Book	value	
1a	Land										
	Buildings	I									
	Leasehold improvements				14,708.		14,	708.			0.
d	Equipment				605,024.		357,	497.	:	247,5	27.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c.)				:	247,5	27.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 STARLIGHT CHILDR	EN'S FOUNDATION		95-3802159 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	2 255 254		
(A) INVESTMENTS	8,265,374.	COST	
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,265,374.		
Part VIII Investments - Program Related.	0,200,071		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)	,	.,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.) </u>	······	
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	10 or 11f Soo Form 000 Part V line	25
. (a) Description of liability	on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part A, life	(b) Book value
., ., .,			(b) Book value
(1) Federal income taxes (2) WARRANTY RESERVE			122,127.
<u></u>			34,829.
(0)			34,029.
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		156,956.
(Column (b) must equal i omi 330, i art A, Col. (b) illi	<u>, </u>		· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2022

Pai	Reconciliation of Revenue per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV,		Revenue per Re	turn.	
1	Total revenue, gains, and other support per audited financial statements			1	16,648,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-10,326.		
b	Donated services and use of facilities		363,049.		
c	Recoveries of prior year grants		,		
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	352,723.
3	Subtract line 2e from line 1			3	16,295,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	0.
				-	16,295,979.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 T XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per F	Return.	, ,
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total expenses and losses per audited financial statements			1	13,135,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	363,049.		
b	Prior year adjustments		•		
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	363,049.
3	Subtract line 2e from line 1			3	12,772,926.
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.)				
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			5	12,772,926.
	t XIII Supplemental Information.				
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide "X, LINE 2:			; Part X, II	ne 2; Part XI,
	FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER CO	DE SECTION			
501	C)(3) PROVISIONS OF THE INTERNAL REVENUE CODE OF 1986,	AS AMENDED			
("IF	C" OR "THE CODE") AND SIMILAR PROVISIONS OF THE STATE O	F CALIFORNIA			
REVE	NUE AND TAXATION CODES. THE FOUNDATION HAS ALSO BEEN CL	ASSIFIED AS AN			
ENT	TY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING	OF CODE SECTION			
509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVID	ED IN CODE			
SECT	TION 170(B)(1)(A)(VI). THE FOUNDATION EVALUATES ITS TAX	PROVISIONS FOR			
ANY	POTENTIAL UNCERTAIN TAX POSITIONS. THE FOUNDATION BELIE	VES ITS TAX			
POSI	TIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF CHALL	ENGED BY TAX			
AUTI	ORITIES.				

Schedule D Form 990, 2022 STARLIGHT CHILDRIN'S FOUNDATION 95-3802159 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Form 990) 2022	STARLIGHT CHILDREN'S FOUNDATION	95-3802159	Page 5
	Part XIII Supplemental Info	rmation (continued)		

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

STARLIGHT CHILDREN'S FOUNDATION 95-3802159 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CANADA PROGRAM SERVICES GAMING STATION SALES 0. 0 0 0. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 0. and 3b)

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Schedule F (Form 990) 2022

recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	I recognized as charities by the or counsel has provided a se			······ <u></u>		

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

			tes. Complete	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplic	pace is needed Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022 Spart 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 Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I,	LINE 3:
STARLIGH'	CHILDREN'S FOUNDATION DOES NOT DIRECTLY MAINTAIN OFFICES,
EMPLOYEE:	S OR AGENTS IN FOREIGN COUNTRIES. FOREIGN ACTIVITIES CONSIST OF
SALES OF	GAMING STATIONS TO INDEPENDENT FOREIGN AFFILIATE ORGANIZATION
IN CANADA	A_{\bullet}

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

STARLIGHT CHILDREN'S FOUNDATION

Employer identification number 95-3802159

			Yes	No
1a	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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	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 explain	1b		
2	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 1a?	2		
3	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 Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	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 in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	۹		

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Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ADAM GARONE	(i)	343,184.	0.	0.	0.	23,742.	366,926.	0.
CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) MIKE OLSON, CPA	(i)	180,983.	0.	0.	0.	5,937.	186,920.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number STARLIGHT CHILDREN'S FOUNDATION 95-3802159

Pai	LI I	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	termin	•	s
1	Art - Work	s of art			,	, 5				
2		rical treasures								
3		ional interests								
4		d publications								
5		and household goods								
6		other vehicles								
7										
8		l planesl property								
9		- Publicly traded								
10		- Closely held stock								
11		- Partnership, LLC, or								
40	trust inter									
12		- Miscellaneous								
13										
44	Historic st	conservation contribution - Other								
14										
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		9S								
19		ntory								
20		d medical supplies								
21		/								
22		artifacts								
23		specimens								
24		ical artifacts	x	61	7 2	02 242	FAIR MARKET VALU			
25	Other	(Games, toys and books)	_ A	91	1,2	03,343.	FAIR MARKET VALU	<u> </u>		
26	Other	()								
27	Other	()								
28	Other	()	L	<u> </u>						
29		f Forms 8283 received by the organiz							0	
	for which	the organization completed Form 82	83, Part V, L	onee Acknowledg	ement [29			1 1	
					=				Yes	No
30a	U	e year, did the organization receive by	,	,, , , ,	,	U	•			
		for at least 3 years from the date of								.,,
		urposes for the entire holding period?	?					30a		Х
	•	escribe the arrangement in Part II.								
31		organization have a gift acceptance p					ions?	31	Х	<u> </u>
32a		organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash				
	contributi							32a		Х
b	,	escribe in Part II.								
33		inization didn't report an amount in c	column (c) for	r a type of property	for which column	(a) is chec	ked,			
	describe i	n Part II.								

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232142 09-09-22

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.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

STARLIGHT CHILDREN'S FOUNDATION 95-3802159 PART III, LINE 4D, OTHER PROGRAM SERVICES: 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 IMPACTING THEIR OVERALL MENTAL HEALTH AND EDUCATIONAL MISS SCHOOL. DEVELOPMENT. STARLIGHT EDUCATION PROVIDES SUPPORT TO PEDIATRIC PATIENTS BY PROVIDING FREE STARLIGHT SCHOOL SUPPLIES CONTAINING ESSENTIAL SCHOOL SUCH AS BACKPACKS, NOTEBOOKS, COLORED PENCILS AND RULERS. EXPENSES \$ 362,732. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STARLIGHT VIRTUAL REALITY: THE FIRST GENERAL USE VR SOLUTION FOR PEDIATRIC SETTINGS WITH PATIENTS 13 YEARS OLD AND OVER, STARLIGHT VR COMES PRE-LOADED WITH 20+ CURATED EXPERIENCES TO HELP ENTERTAIN AND DISTRACT CHILDREN DURING DIFFICULT MEDICAL PROCEDURES, **EXPENSES \$ 49,416.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0 MISCELLANEOUS OTHER PROGRAM SERVICES: STARLIGHT MISSION DELIVERY STAFF LABOR AND SOFTWARE COSTS RELATED TO OPERATING THE STARLIGHT HUB INVENTORY ORDERING SYSTEM. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 1 705 475. REVENUE \$ 0. 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** STARLIGHT CHILDREN'S FOUNDATION 95-3802159 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 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.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** STARLIGHT CHILDREN'S FOUNDATION 95-3802159 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NV,NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990) 2022	Page 2
Name of the organization STARLIGHT CHILDREN'S FOUNDATION	Employer identification number 95-3802159
DONATED PROFESSIONAL SERVICES REVENUE EXCLUDED FROM TAX	
RETURN -363,049.	
FORM 990, PART XII, LINE 2C:	
AUDIT COMMITTEE - 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 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	.ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	1 SWITCH 4/13 NETWORK SERVICES	01/22/13	SL	5.00	1	.6	3,014.				3,014.	3,014.		0.	3,014.
2	UPGRADE	05/01/13	SL	3.00	1	.6	4,360.				4,360.	4,360.		0.	4,360.
3	DIRECT SWITCH	07/01/13	SL	3.00	1	.6	3,070.				3,070.	3,070.		0.	3,070.
4	SERVER	11/01/13	SL	3.00	1	.6	7,503.				7,503.	7,503.		0.	7,503.
5	SERVER	01/01/15	SL	3.00	1	.6	7,503.				7,503.	7,503.		0.	7,503.
6	SWITCH, TRANSCEIVER, WIRELESS ACCESS	01/01/15	SL	5.00	1	.6	2,793.				2,793.	2,793.		0.	2,793.
7	NEW PHONE SYSTEM	06/01/15	SL	5.00	1	.6	13,455.				13,455.	13,455.		0.	13,455.
8	DIGITAL CAMERA W/ EQUIPT. & ACCESSORIES	12/07/16	SL	3.00	1	.6	2,664.				2,664.	2,664.		0.	2,664.
9	LENOVO IDEA-CENTRE Y900 COMPUTER FOR VR	03/01/17	SL	5.00	1	.6	2,080.				2,080.	2,011.		69.	2,080.
10	HTC VIVE VR	03/01/17	SL	3.00	1	.6	870.				870.	870.		0.	870.
11	LENOVO THINKPAD LAPTOP - MIKE	05/01/20	SL	3.00	1	.6	1,653.				1,653.	918.		551.	1,469.
12	CABLING CULVER CITY OFFICE	04/01/17	SL	5.67	1	.6	7,454.				7,454.	6,248.		1,206.	7,454.
13	REFRIGERATOR	04/21/17	SL	5.00	1	.6	1,344.				1,344.	1,277.		67.	1,344.
14	CULVER CITY OFFICE RENOVATION	04/01/17	SL	5.67	1	.6	6,215.				6,215.	5,209.		1,006.	6,215.
15	OFFICE BLINDS FOR CULVER CITY OFFICE	01/01/18	SL	4.92	1	.6	1,038.				1,038.	844.		194.	1,038.
16	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	.6	12,867.				12,867.	5,361.		1,838.	7,199.
17	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	.6	9,544.				9,544.	3,976.		1,363.	5,339.
18	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	.6	7,348.				7,348.	3,062.		1,050.	4,112.

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	2,030.				2,030.	846.		290.	1,136.
20	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	8,391.				8,391.	3,497.		1,199.	4,696.
21	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	2,438.				2,438.	1,016.		348.	1,364.
22	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	9,330.				9,330.	3,888.		1,333.	5,221.
23	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	16,514.				16,514.	6,881.		2,359.	9,240.
24	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	4,004.				4,004.	1,668.		572.	2,240.
25	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	2,096.				2,096.	873.		299.	1,172.
26	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	6,663.				6,663.	2,776.		952.	3,728.
27	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	11,584.				11,584.	4,827.		1,655.	6,482.
28	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	1,881.				1,881.	784.		269.	1,053.
29	HAWORTH FURNITURE CO 2019	02/28/19	SL	7.00	1	8,424.				8,424.	3,509.		1,203.	4,712.
30	SALESFORCE	03/01/20	SL	5.00	1					39,450.	14,465.		7,890.	22,355.
31	SALESFORCE	03/01/20		5.00	1					39,450.	14,465.		7,890.	22,355.
32	SALESFORCE	03/01/20		5.00	1					28,288.	10,373.		5,658.	16,031.
33	SALESFORCE	03/01/20		5.00	1					68,700.	25,190.		13,740.	38,930.
34	MACBOOK PRO	03/01/20		3.00	1					1,873.	1,144.		624.	1,768.
35	SALESFORCE	03/01/20		5.00	1					37,675.	13,814.		7,535.	21,349.
	SALESFORCE	04/01/20		5.00	1					1,663.	582.		333.	915.

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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	WEBSITE	01/01/20	SL	5.00	1	.6	163,125.				163,125.	65,328.		32,625.	97,953.
38	WEBSITE	02/01/20	SL	5.00	1	.6	3,263.				3,263.	1,251.		653.	1,904.
39	WEBSITE	03/01/20	SL	5.00	1	.6	3,825.				3,825.	1,403.		765.	2,168.
40	WEBSITE	03/01/20	SL	5.00	1	.6	855.				855.	314.		171.	485.
41	WEBSITE	04/01/20	SL	5.00	1	.6	6,863.				6,863.	2,402.		1,373.	3,775.
42	WEBSITE	05/01/20	SL	5.00	1	.6	450.				450.	150.		90.	240.
43	WEBSITE	08/01/20	SL	5.00	1	.6	2,813.				2,813.	797.		563.	1,360.
44	WEBSITE	08/01/20	SL	5.00	1	.6	4,388.				4,388.	1,244.		878.	2,122.
45	WEBSITE	11/01/20	SL	5.00	1	.6	1,125.				1,125.	263.		225.	488.
46	WEBSITE	04/01/21	SL	5.00	1	.6	1,823.				1,823.	273.		365.	638.
49	SALESFORCE	08/01/20	SL	5.00	1	.6	13,122.				13,122.	3,639.		2,624.	6,263.
50	LENOVO PC	09/01/21	SL	3.00	1	.6	1,157.				1,157.	129.		386.	515.
51	MACBOOK PRO	10/01/21	SL	3.00	1	.6	1,918.				1,918.	160.		639.	799.
52	LENOVO PC	11/01/21	SL	3.00	1	.6	1,149.				1,149.	64.		383.	447.
53	MACBOOK PRO	12/01/21	SL	3.00	1	.6	1,876.				1,876.	52.		625.	677.
55	MACBOOK PRO	02/01/22	SL	3.00	1	.6	2,154.				2,154.			658.	658.
56	MACBOOK PRO	02/01/22	SL	3.00	1	.6	2,208.				2,208.			675.	675.
57	MACBOOK PRO	02/01/22	SL	3.00	1	.6	2,208.				2,208.			675.	675.

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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
58	MACBOOK PRO	03/01/22	SL	3.00	1	2,208.				2,208.			613.	613.
59	LENOVO LAPTOP	03/01/22	SL	3.00	1	1,417.				1,417.			394.	394.
60	LENOVO LAPTOP	04/01/22	SL	3.00	1	1,371.				1,371.			343.	343.
61	MACBOOK PRO	04/01/22	SL	3.00	1	2,208.				2,208.			552.	552.
62	LENOVO LAPTOP	05/01/22	SL	3.00	1	1,218.				1,218.			271.	271.
63	LENOVO LAPTOP	05/01/22	SL	3.00	1	2,437.				2,437.			542.	542.
64	MACBOOK AIR	06/01/22	SL	3.00	1	2,208.				2,208.			429.	429.
65	2 LENOVO LAPTOPS	08/01/22	SL	3.00	1	2,629.				2,629.			365.	365.
66	SPARE LENOVO LAPTOP	09/01/22	SL	3.00	1					1,285.			143.	143.
67	MACBOOK PRO	10/01/22	SL	3.00	1					3,200.			267.	267.
	* TOTAL 990 PAGE 10 DEPR					619,732.				619,732.	262,205.		109,785.	371,990.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					592,981.			0.	592,981.	262,205.			366,063.
	ACQUISITIONS					26,751.			0.	26,751.	0.			5,927.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					619,732.			0.	619,732.				371,990.
	ENDING ACCUM DEPR									·	371,990.			

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FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											247,742.			

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