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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	ne 2020 ca	elend	ar year, or tax		na 's		, 2020, ar	nd endin	а	-	, 20		1000
		if applicable:		C	year beginning	5		, 2020,		3	D Employe		ition number	
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	$\vdash$	nal return/termin	nated								7.5	13202		
	-	mended retur	- 1								G Gross re	ceints \$	1,007,63	9
				F Name and addr	ess of principal of	officer:				H(a) Is this	s a group return			No
		pp		SAME AS C						H(b) Are a	II subordinates	included?	<del></del>	No
ī	Tax-	exempt state		X 501(c)(3)	501(c) (	) ◀ (insert no	<u> </u>	4947(a)(1) or	527	If "No	o," attach a list.	See instru	ctions	-
ij		bsite: >		W.CELEBRI			.,	1017 (4)(1) 01		H(c) Grou	p exemption nu	mber ►		
ĸ		n of organiza		X Corporation	1 1	Association Othe	er ►	L Yes	ar of forma	tion: 19			Il domicile: CA	
	art I	Sumi		-	Trust	/ toobolation out		1= 100	ar 01 1011110	1	,,,	tuto or roga		
	1	Briefly de	escril	oe the organiza	tion's missio	n or most signific	cant a	activities: CFF	SCHE	DIII.E (	)			
ď										2011	<del>_</del>			
Governance														
i.														
8	2	Check th				discontinued its							ts.	
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Activities &	7a					art VIII, column						7a		0.
						rom Form 990-T,						7b		0.
-											<b>Prior Year</b>		Current Year	
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Revenue	9					2g)			- debuteter	140				
eve	10					i), lines 3, 4, and					-99,4	159.	292,6	
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_	12					(must equal Part					412,		756,0	
	13					X, column (A), lir		-		_	110,	0/6.	19,6	00.
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ď	15			•		benefits (Part I)								
Evnoncoc	16			_		column (A), line 1				10.000,000	181		Marie Value	
2	<u>{</u>				•	umn (D), line 25)	_		3,530	_				
ш	17			•		nes 11a-11d, 11f-				_	834,		773,9	
	18		•		•	equal Part IX, co					945,		793,5	
	19	Revenu	e les	s expenses. Su	ubtract line 1	8 from line 12	1000				-532,		-37,5	
ŏ	20 21			, , , , , , , , , , , , , , , , , , ,	<b>C</b> )						ning of Curre		End of Year	
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et A				•	•							215.	18,8	
Ž	₹ 22				s. Subtract li	ne 21 from line 2	20		******		2,543,	816.	2,365,2	267.
100	art I	-		re Block		er .								
Ur cc	nder per implete.	nalties of per . Declaration	jury, l o of prep	declare that I have e parer (other than offi	examined this ret icer) is based on	urn, including accompa all information of whic	anying: th prepa	schedules and stater arer has any knowler	ments, and dge.	to the best	of my knowled	ge and beli	ef, it is true, correct, a	and
-														
c	ign		Signa	ture of officer							Date			
H	lere		мтс	CHAEL P. F	'ARAH					PRI	ESIDENT			
•				or print name and ti						1 1/1				
-		Prir	nt/Type	preparer's name		Preparer's signature	<del></del>		Date		Check	if f	PTIN	
D	aid	OT.	HN T	. SADD, JR.,	. C.P.A	JOHN L. SADE	), .TF	L. C.P.A			self-emple		200436651	
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		-			ALE, CA 91						Phone no		547-5701	
- N	lay th	e IRS disc	22112			r shown above?	See ii	nstructions	arara ia			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes	No

# Form **8868**(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

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

	: 6-Month Extension of Time. Only subn		al (no copies needed).		
All corporation	ons required to file an income tax return other that	an Form 99	0-T (including 1120-C filers), partnership	s, REMICs, and trusts mu	ust
use Form 70	04 to request an extension of time to file income  Name of exempt organization or other filer, see instructions.	tax returns		Taxpayer identification number	(TIN)
Tuno or	The state of the s				
Type or print					
	THE CELEBRITY FOUNDATION FOR C	33-0766784			
ile by the	Number, street, and room or suite number. If a P.O. box, see in	structions.			
due date for filing your	P.O. BOX 12709				
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign add	ress, see instru	actions.		
instructions.	NEWPORT BEACH, CA 92658				
Enter the Re	eturn Code for the return that this application is fo	or (file a se	parate application for each return)	0.	i
Application		Return	Application		eturn
ls For		Code	ls For		ode
	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720 (	(individual)	03	Form 4720 (other than individual)		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
<ul><li>If the or</li><li>If this is check the</li></ul>	ganization does not have an office or place of but for a Group Return, enter the organization's found is box	r digit Grou	ne United States, check this box p Exemption Number (GEN)	f this is for the whole gro	
the exte	ension is for.				
for th	est an automatic 6-month extension of time until e organization named above. The extension is for calendar year 20 20 or tax year beginning, 20	r the organi		ization return	
	tax year entered in line 1 is for less than 12 mor hange in accounting period			nal return	
3 a If this	application is for Forms 990-BL, 990-PF, 990-T, sfundable credits. See instructions	4720, or 60	069, enter the tentative tax, less any	3a \$	0 .
<b>b</b> If this tax p	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpayme	r 6069, ente ent allowed	er any refundable credits and estimated as a credit	3 b \$	0.
c Balaı EFTF	nce due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Sec	ur payment e instruction	with this form, if required, by using	3c\$	0
Caution: If	you are going to make an electronic funds withd	Irawal (dire	ct debit) with this Form 8868, see Form 8	3453-EO and Form 8879-	EO for
payment in	nstructions.	•			

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

		ATION FOR CHILDREN	33-0766784	Page 2
	ment of Program Service	· · · · · · · · · · · · · · · · · · ·		12
		nse or note to any line in this Part III		X
•	e the organization's mission:			
SEE_SCHED	ULE_O			
2 Did the organization	ration undortako any significant n	rogram services during the year which were not liste	d on the prior	
		Togram services during the year which were not use		No
	be these new services on Schedu		A les	110
		ake significant changes in how it conducts, any	orogram services? Yes X	No
	ibe these changes on Schedule C		in the last transfer in the la	
4 Describe the o	organization's program service	accomplishments for each of its three largest or	ogram services, as measured by expe	enses.
Section 501(c)	)(3) and 501(c)(4) organization if any, for each program service	is are required to report the amount of grants an	d allocations to others, the total expe	nses,
4 a (Code:	) (Expenses \$ 5	90,092. including grants of \$	) (Revenue \$	
THE FOUNI		ESTERN RANCH SETTING FREE OF C	HARGE FOR LOW INCOME	
CHILDREN	AND FAMILIES OF MI	LITARY SERVICE PERSONEL AND IS	DEDICATED TO PROMOTING	THE
HEALTH A	ND WELFARE OF THE C	HILDREN AND THEIR FAMILIES.		
<b>4 b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	ESILE
•				
				-
A - (Code)			) (December 2)	
4c (Code:	) (Expenses \$	including grants of \$		
	am services (Describe on Sche			

BAA

# Form 990 (2020) THE CELEBRITY FOUNDATION FOR CHILDREN Part IV Checklist of Required Schedules

_			res	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	
_	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D. Part VI.	11 a	X	
1	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	11 b		X
•	bid 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.	11 c		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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	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	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	D. A. W.			Х
18	D. A. Miller			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
20	Da Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H			Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	201		
2	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	2 (0000)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
<b>24</b> a	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		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
١	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> 'Yes,' <i>complete Schedule L, Part II.</i>	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	280		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	Х
30	contributions? If 'Yes,' complete Schedule M	30		Х
31		31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		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		X
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	1	Х
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	)	
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
3	Note: All Form 990 filers are required to complete Schedule O	. 38	Σ	[
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V.	2.00	Ye	
	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		40
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	c >	7
R/	(gambling) winnings to prize winners?			0 (2020

Form 990 (2020)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-2 a ments, filed for the calendar year ending with or within the year covered by this return..... b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0..... 3 h 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a b If 'Yes,' enter the name of the foreign country▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ solicit any contributions that were not tax deductible as charitable contributions? ..... 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?..... Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a services provided to the payor?..... b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282?..... d If 'Yes,' indicate the number of Forms 8282 filed during the year..... Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 **7** q as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Form 1098-C?..... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities..... 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . | 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?..... 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans ..... Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?..... 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ excess parachute payment(s) during the year? ..... If 'Yes,' see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If 'Yes,' complete Form 4720, Schedule O.

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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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on A. Governing Body and management	IV.	N.		
	-1. 1111111111.	Yes	No		
Tab	Enter the number of voting members of the governing body at the end of the tax year 1a 4 If there are material differences in voting rights among members				
(	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
	Enter the number of voting members included on line 1a, above, who are independent 1b				
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		378		
(	officer, director, trustee, or key employee?	2	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X		
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х		
		5	X		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					
	Did the organization have members or stockholders?	6	X		
	members of the governing body?	7 a	X		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?	8 a	X		
	Each committee with authority to act on behalf of the governing body?	8 b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule O</i>	9	Х		
	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue C	Code.)		
		Yes			
10a	Did the organization have local chapters, branches, or affiliates?	10 a	X		
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their				
	operations are consistent with the organization's exempt purposes?	10 b	1		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O				
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c			
	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	a The organization's CEO, Executive Director, or top management official	15 a	Х		
	other officers or key employees of the organization	15 b	X		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).				
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X		
ŀ	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?	16 b			
-	ction C. Disclosure				
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website		H. O		
19	the public during the tax year. SEE SCHEDULE O	nadie to			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► MICHAEL P. FARAH P.O. BOX 12709 NEWPORT BEACH CA 92658 949-719-2625				

1

Page **7** 

## 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (F) (A) Name and title (B) Reportable compensation from Reportable compensation from Average hours Estimated amount director/trustee) of other compensation from per week (list any hours for related Individual truslee or director the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer employee Former Highest compensated the organization and related organizations nstitutional trustee y employee organiza-tions 10 (1) MICHAEL P. FARAH ō Х 0. 0. 0. (2) C. VICTOR WYLIE 5 0. 0. 0 X 0. CHAIRMAN 5 (3) RANDY LUENEBRINK 0. 0. X 0. TREASURER 0 10 (4) CRISTINE FARAH X 0. 0. 0. SECRETARY 0 (6) (7) (8) (9) (10)(11)(12)(13)(14)

Form 990 (2020)

Page 8

		(B)			(C	-			£1		
	(A) Name and title	Average hours per week	box,	unle	ss pe	erson	than one is both a or/trustee	n ) c	(D)  Reportable ompensation from	(E)  Reportable compensation from	(F) Estimated amount of other
		(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	The state of the s	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5)											
16)											
7)											
8)											
9)			-								
20)			-								
21)			-								
22)			-								
23)			-								
(24)			-								
(25)			-								
c Tot	ototal all from continuation sheets to Part VII, Se	ction A						4	0	. 0	. (
2 Tota	al (add lines 1b and 1c)	ted to those	e liste	d ab	ove)	) who	receiv	ed r			
	the organization list any <b>former</b> officer, di	rector, trus	stee.	kev	emi	olov	ee. or h	niah	est compensate	ed employee	Yes N
on 4 For	line 1a? If 'Yes,' complete Schedule J for any individual listed on line 1a. is the sun	s <i>uch indivi</i> n of report	<i>dual</i> able d	om	oen:	 satio	n and	othe	er compensatio	n from	3
the	organization and related organizations great individual	eater than	\$150,	000	? If	'Ye.	s,' com	plet	te Schèdule J fo	or	4
for	any person listed on line 1a receive or ac services rendered to the organization? If	crue comp 'Yes,' comp	ensat olete	tion Sch	fror edu	n ar <i>le J</i>	y unre for suc	late th p	d organization of erson	or individual	5
1 Co	n B. Independent Contractors  mplete this table for your five highest com mpensation from the organization. Report com	pensated i	ndepe	ende	ent o	cont	ractors	tha	t received more	than \$100,000 of	-ar
COI	(A) Name and business		Of the	Can	Cride	ar yo	ar crian	ing i	(	B)  n of services	(C) Compensation
2 To	tal number of independent contractors (includi	ing but not	limiter	t to	thos	e lie	ted abo	we)	who received mo	ore than	
\$1	00,000 of compensation from the organiza	-						,,,,	milo received file	VI CHIGHT	
BAA			TE	EA01	08L	10/07	/20				Form <b>990</b> (2

Form 990 (2020) THE CELEBRITY FOUNDATION FOR CHILDREN 33-0766784 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Related or Unrelated Revenue excluded from tax exempt business function revenue under sections 512-514 revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns. **b** Membership dues..... 1 b c Fundraising events.... 1 c d Related organizations.... 1 d e Government grants (contributions) . . . . 1 e f All other contributions, gifts, grants, and similar amounts not included above... 1 f 462,600. g Noncash contributions included in 1 g lines 1a-1f. . . . . . . . h Total. Add lines 1a-1f..... 462,600 Business Code Program Service Revenue f All other program service revenue . . . **q Total.** Add lines 2a-2f..... Investment income (including dividends, interest, and 48,721 other similar amounts)..... 48,721 Income from investment of tax-exempt bond proceeds 4 (ii) Personal (i) Real 6 a Gross rents . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss).... (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a 4,230 491,227 other than inventory **b** Less; cost or other basis 7b and sales expenses 244,024 7,543 c Gain or (loss) . . . . . 7с 247,203 d Net gain or (loss). 243,890 243,890 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a **b** Less: direct expenses...... 8b c Net income or (loss) from fundraising events...... 9 a Gross income from gaming activities. **b** Less: direct expenses.... 9b c Net income or (loss) from gaming activities..... 10 a Gross sales of inventory, less..... returns and allowances . . . . . . . . . . 110a **b** Less: cost of goods sold . . . . 10b

C Net income or (loss) from sales of inventory.

Business Code

861.

Besiness Code

All other revenue.

861

243,890

Miscellaneous

BAA

49,582. Form **990** (2020)

0

### Part IX Statement of Functional Expenses

r

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

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

	Check if Schedule O contains a re t include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,600.	19,600.	deticial eyhenses	cyhenses
2 (	Grants and other assistance to domestic ndividuals. See Part IV, line 22	19,000.	19,000.		
3 (	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
	Other salaries and wages				
Ů	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	Legal	2,040.		2,040.	
С	Accounting.	9,938.		9,938.	
	Lobbying		PASSE STATE OF THE		
	Professional fundraising services. See Part IV, line 17.				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	32,104. 9,187.		32,104. 9,187.	
13	Office expenses	5,107.		3/10/1	
14	Information technology				
15	Royalties				
16	Occupancy.				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	42.		42.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	103,141.		103,141.	
23	Insurance	25,736.		25,736.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
;	RANCH_OUTSIDE_CONTRACT_SERVCS	326,722.	326,722	•	
	REPAIRS & MAINTENANCE	88,224.	88,224		
	ZOO ANIMALS EXPENSES	65,633.	65,633		
	d UTILITIES	18,122.	18,122		
	e All other expenses. SEE SCHO	93,086.			3,530
25	Total functional expenses. Add lines 1 through 24e	793,575.	590,092	. 199,953.	3,530
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
_	SOP 98-2 (ASC 958-720)	TEEA0110L	1		Form <b>990</b> (2020

£

		Check if Schedule O contains a response or note to	any line	in this Part X.		155666	
					(A) Beginning of year		(B) End of year
T	1	Cash — non-interest-bearing		935555 · · · · · · · · · · · · · · · · ·	8,751.	1	11,639.
- 1	2	Savings and temporary cash investments	174,719.	2	57,099.		
1	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	, director, tor, or 35%		5		
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section			<b>维护 (表) 在 第</b> 2011	6	
	7	Notes and loans receivable, net		200		7	
w	8	Inventories for sale or use				8	
Set	9	Prepaid expenses and deferred charges				9	
Assets							Que a principal number
- 1	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10a	2,437,655.			
		Less: accumulated depreciation	10b	1,614,369.	896,480.	10 c	823,286.
	11	Investments – publicly traded securities			1,471,081.	11	1,492,122.
	12	Investments – other securities. See Part IV, line 11.				12	
	13	Investments - program-related. See Part IV, line 11.		rana security y		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line	2,551,031.	16	2,384,146.		
$\dashv$	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue		20			
<b>(D</b>	20	Tax-exempt bond liabilities				21	
<u>ë</u>	21	Escrow or custodial account liability. Complete Part				21	est en experience de la company
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these payables.	micer, aire outor, or 3 ersons	ector, trustee, 35%	and the Section	22	
	23	Secured mortgages and notes payable to unrelated	third parti	es		23	
	24	Unsecured notes and loans payable to unrelated thir	d parties.			24	
	25	Other liabilities (including federal income tax, payab and other liabilities not included on lines 17-24). Con	les to rela mplete Pa	ated third parties, art X of Schedule D.	7,215.	25	18,879.
	26	Total liabilities. Add lines 17 through 25			7,215.	26	18,879.
ces		Organizations that follow FASB ASC 958, check he and complete lines 27, 28, 32, and 33.	re ►	X			
<u>a</u>	27				2,543,816.	27	2,365,267
æ	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, ch and complete lines 29 through 33.	eck here	<b>▶</b>			
ō	29					29	
ts	30					30	
556	31					31	
Ϋ́	32					. 32	2,365,267
N	33					_	2,384,146
B	_			1L 10/07/20	,,		Form <b>990</b> (2020

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. Total revenue (must equal Part VIII, column (A), line 12)..... 756,072. 1 2 2 Total expenses (must equal Part IX, column (A), line 25)..... 793,575. Revenue less expenses. Subtract line 2 from line 1..... 3 3 -37,503.Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))..... 4 2,543,816. 4 5 5 Net unrealized gains (losses) on investments. -139,976. Donated services and use of facilities..... 6 6 Investment expenses ...... 7 7 8 8 Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O 9 -1,070.9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 column (B))..... 2,365,267. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. No Yes Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a 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: Consolidated basis Separate basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2 b 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: Separate basis Consolidated basis Both consolidated and separate basis c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 2 c review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Χ 3 a Audit Act and OMB Circular A-133?.... b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits..... 3hTEEA0112L 10/19/20 Form 990 (2020) BAA

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2020

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 33-0766784 THE CELEBRITY FOUNDATION FOR CHILDREN Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X 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 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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, 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (v) Amount of monetary (i) Name of supported organization (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? above (see instructions)) Yes (A) (B) (C) (D) (E) Total

Page 2

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

(Complete only i	if you checked the box on line 5, 1	7, or 8 of Part I or if the o	rganization failed to qualify ι	inder Part III. If the
organization fa	ils to qualify under the tests lis	ted helow, please comp	lete Part III )	

Secti	on A. Public Support						
pegin	dar year (or fiscal year ning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
ľ	hifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no	306,632.	323,688.	283,668.	511,892.	462,600.	1,888,480.
(	Fax revenues levied for the organization's benefit and either paid to or expended on its behalf			3.17-			0.
1	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	306,632.	323,688.	283,668.	511,892.	462,600.	1,888,480.
	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).						1,232,872.
	Public support. Subtract line 5 from line 4						655,608.
Sect	ion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	306,632.	323,688.	283,668.	511,892.	462,600.	1,888,480.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	75,773.	109,959.	72,304.	56,375.	48,721.	363,132.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						2,251,612.
12	Gross receipts from related activ	vities, etc. (see in	structions)		, e,	12	0.
13	First 5 years. If the Form 990 is organization, check this box and	for the organizatid stop here	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	ıblic Support F	ercentage				
14	Public support percentage for 2	020 (line 6, colum	n (f), divided by I	line 11, column (f	())	14	
	Public support percentage from						18.93 %
16a	33-1/3% support test—2020. If and stop here. The organization	the organization d า qualifies as a pu	id not check the blicly supported o	box on line 13, a organization	nd line 14 is 33-1/	3% or more, chec	ck this box
k	b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
1 <b>7</b> a	10%-facts-and-circumstances to or more, and if the organization the organization meets the fact	meets the facts-a	and-circumstance	s test, check this	box and stop her	re. Explain in Parl	t VI how
	b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	Private foundation. If the organ	nization did not ch	eck a box on line	: 13, 16a, 16b, 1/			
RA/	<b>\</b>				C.	chadula A (Form	990 or 990-F7) 2020

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, ple	ease complete Part II.)

Sect	ion A. Public Support						
Calenda	ar year (or fiscal year beginning in) >	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support		r	1	1	1	
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
_	Amounts from line 6						
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12							- 1
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)					U 501( )(2)	
14	First 5 years. If the Form 990 is organization, check this box an	s τοr tne organiza d <b>stop here</b>	tion's tirst, second	a, third, fourth, or	πππ tax year as a	a section 501(c)(3)	w.######## ►
Sec	ction C. Computation of Pu	ublic Support	Percentage				
15	1. 1					Transfer and the second	%
16						16	%
Se	ction D. Computation of In						
17		-		-			%
18							%
	<ul> <li>a 33-1/3% support tests—2020. It is not more than 33-1/3%, chec</li> <li>b 33-1/3% support tests—2019. It</li> </ul>	ck this box and st	t <b>op here.</b> The org	anization qualifies	s as a publicly sup	oported organization	1 <sub>125</sub> 🟲 📋
	line 18 is not more than 33-1/3	%, check this box	k and <b>stop here.</b> T	The organization	qualifies as a pub	licly supported orga	nization 🟲 📘
20		nization did not c					
BA	Α		TEEA0403	3L 09/14/20	9	Schedule A (Form 9	990 or 990-EZ) 2020

33-0766784

Part IV Supporting Organizations

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

Section A.	All S	Supporting	<b>Organizations</b>
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- 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.
- 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 3 and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by o 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Y complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2) If 'Yes,' provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 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	
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Par	rt IV Supporting Organizations (continued)			
11	Hee the ergonization eccented a gift or contribution from any of the following persons?	position of	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
	the governing body of a supported organization?	11a		
	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	110		
360	Ston 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 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had mothan 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.  Did the organization operate for the benefit of any supported organization other than the supported organization(s)	re		
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		F	
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 <b>Part VI</b> how control or management of th supporting organization was vested in the same persons that controlled or managed the supported organization(s).	e 1	Yes	No
Se	ction D. All Type III Supporting Organizations		.,	
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
\$	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection 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 instruction	s).		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ins	tructio	ns).
	2 Activities Test. Answer lines 2a and 2b below.		Ye	s No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2	la la	
	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	165	2b	
	3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	:	Ва	
	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		3b	22/25/2

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Cuic	on A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
<b>3</b> C	Other gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
ir	Portion of operating expenses paid or incurred for production or collection of gross and 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		
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 / t	Aggregate fair market value of all non-exempt-use assets (see instructions for short ax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
<b>b</b> /	Average monthly cash balances	1b		
c l	Fair market value of other non-exempt-use assets	1c		
d .	Total (add lines 1a, 1b, and 1c)	1d		
	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C — Distributable Amount			Current Yea
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	CENTER WERE	76
4	Enter greater of line 2 or line 3.	4		TI .
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency			

Schedule A (Form 990 or 990-EZ) 2020 THE CELEBRITY FOUNDATION FOR CHILDREN 33-0

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

ection E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018	Water Landing Ed. 11		
e From 2019			
f Total of lines 3a through 3e			S DESCRIPTION OF THE PARTY OF T
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount	AND COMES PROB		
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:	White state of the		
a Excess from 2016			
<b>b</b> Excess from 2017.			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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33-0766784

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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 B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

0, Form 990-EZ, or Form 990-PF. 2020

2020

OMB No. 1545-0047

**Employer identification number** Name of the organization THE CELEBRITY FOUNDATION FOR CHILDREN 33-0766784 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address). II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,

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

during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

THE CELEBRITY FOUNDATION FOR CHILDREN

33-0766784

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARION BINK HARN TRUST		Person
	2400 ELDEN AVE. #10	\$20,000.	Payroll Noncash
	COSTA MESA, CA 92627		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ERICK & MARTHA SCHWEIGER FOUNDATION		Person X
	836 S BUNDY, #205	\$200,000.	Payroll Noncash
	LOS ANGELES, CA 90049		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PAUL & FAY GRAF FOUNDATION	-	Person X
	4333 LEMP_AVE	\$125,000.	Payroll Noncash
	STUDIO CITY, CA 91604	_	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MILTON & URSULA STOLAROFF		Person X
	1221 WEST COAST HIGHWAY	\$100,000	Payroll
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GLEN & GLORIA HOLDEN		Person X
	333 BEL AIR ROAD	\$5,000	Payroll . Noncash
	LOS ANGELES, CA 90077		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$\$	Noncash
		_	(Complete Part II for noncash contributions.)

Employer identification number

THE CELEBRITY FOUNDATION FOR CHILDREN

33-0766784

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BΔΔ	So	sedule B (Form 990, 990-F	7 or 990-PE) (20°

Name of organization THE CELEBRITY FOUNDATION FOR CHILDREN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

Employer identification number 33-0766784

(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
artı	N/A					
		(e) Transfer of gift				
	Transferee's name, address		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	Relationship of transferor to transferee			
	Transferee's name, address	s, and ZIP + 4				
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, addres	ss, and <b>ZIP + 4</b>	Relationship of transferor to transferee			
(a) o. fron Part I	n (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, addre	ss, and ZIP + 4	Relationship of transferor to transferee			
DAA						

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

HE	CELEBRITY FOUNDATION FOR CHILDREN			-0766784	
art	Organizations Maintaining Donor Advised Funds or	Other Similar Fu	inds or Accour	ıts.	
	Complete if the organization answered 'Yes' on Form				
	(a) Donor adv	ised funds	(b) Funds	and other acc	counts
	Total number at end of year				
2	Aggregate value of contributions to (during year)				
	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 writing that are the organization's property, subject to the organization's exclusive	at the assets held in legal control?	donor advised fund	ds Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in for charitable purposes and not for the benefit of the donor or donor ad impermissible private benefit?	writing that grant fudvisor, or for any oth	unds can be used oner purpose conferr	ing Yes	No
)ar	t II Conservation Easements.				
Cii	Complete if the organization answered 'Yes' on Form	n 990, Part IV, lir	ne 7.		
1	Purpose(s) of conservation easements held by the organization (check				
	Preservation of land for public use (for example, recreation or education		ation of a historica	lly important la	and area
	Protection of natural habitat		ation of a certified	historic structu	ıre
	Preservation of open space				
2		on contribution in the f	form of a conservation	on easement on	the
	last day of the tax year.				
				at the End of	the lax Year
	a Total number of conservation easements				
	<b>b</b> Total acreage restricted by conservation easements				
	c Number of conservation easements on a certified historic structure inc				
	d Number of conservation easements included in (c) acquired after 7/25 structure listed in the National Register		2 d		
3	Number of conservation easements modified, transferred, released, extingutax year ►		by the organization d	uring the	
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection,	handling of violation	ons, Yes	No
_	and enforcement of the conservation easements it holds?	lations and onforcing		1 1 102	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vic	nations, and emorcing	Conservation easen	lents during the	: year
7	Amount of expenses incurred in monitoring, inspecting, handling of violatio	ns, and enforcing con	servation easements	during the year	r
8	Does each conservation easement reported on line 2(d) above satisfy and section 170(h)(4)(B)(ii)?	the requirements o	f section 170(h)(4)	(B)(i) Yes	☐ No
9	include, if applicable, the text of the footnote to the organization's fin	ments in its revenue ancial statements th	and expense state at describes the or	ment and bala ganization's ac	ance sheet, an accounting for
Pa	conservation easements.  Organizations Maintaining Collections of Art, History  Complete if the organization answered 'Yes' on Form	orical Treasures, m 990. Part IV. I	or Other Simil	ar Assets.	
1	la If the organization elected, as permitted under FASB ASC 958, not to historical treasures, or other similar assets held for public exhibition, Part XIII the text of the footnote to its financial statements that descr	report in its revenu education, or resear	e statement and b	alance sheet w	orks of art, e, provide in
	<b>b</b> If the organization elected, as permitted under FASB ASC 958, to rephistorical treasures, or other similar assets held for public exhibition, educated following amounts relating to these items:	oort in its revenue st	tatement and balan urtherance of public	ce sheet works service, provide	s of art, the
	(i) Revenue included on Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				
2	2 If the organization received or held works of art, historical treasures, or otl amounts required to be reported under FASB ASC 958 relating to the	her similar assets for t			
	a Revenue included on Form 990, Part VIII, line 1			▶\$	

Part III Organizations maintain	ing Coneci	ions of Art, mstori	car rreasures, or C	rulei Jilililai ASSE	13 (00)	miue	u)
3 Using the organization's acquisition, items (check all that apply):	accession, and	other records, check any	of the following that mak	e significant use of its co	ollection		
a Public exhibition		d Loan or	exchange program				
<b>b</b> Scholarly research		e Other					
c Preservation for future genera	tions	<del>_</del>					
Provide a description of the organiza Part XIII.			-				
5 During the year, did the organizati to be sold to raise funds rather that	an to be maint	ained as part of the org	anization's collection?		Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangeme amount on F	e <b>nts.</b> Complete if the form 990, Part X, lir	e organization ansv ne 21.	vered 'Yes' on For	m 990,	Part	IV,
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodian	or other intermediary fo	r contributions or other	assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in				19901 10000000000 11000			]
and rest, explain the arrangement.		a	, (33.5)	l l	Amount		
c Beginning balance	innid	arani					
d Additions during the year							
e Distributions during the year.							
f Ending balance				1f			
2a Did the organization include an ar				ccount liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement					<del>.</del>		
		·	•				†
Part V Endowment Funds. Co	omplete if the	ne organization ans	wered 'Yes' on For	m 990, Part IV, lir	e 10.		
	(a) Current y		(c) Two years back	(d) Three years back		ur years	back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains,	)						
and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	e of the currer	it year end balance (line	: 1g, column (a)) held a	s:			
a Board designated or quasi-endowm	ent 🕨	8					
<b>b</b> Permanent endowment ▶	%						
c Term endowment ►	%						
The percentages on lines 2a, 2b, a	nd 2c should ed	<sub>l</sub> ual 100%.					
3 a Are there endowment funds not in t	the possession	of the organization that ar	e held and administered	for the	-		
organization by:	·				-	Yes	No
(i) Unrelated organizations					3a(i)		
(ii) Related organizations							
<b>b</b> If 'Yes' on line 3a(ii), are the rela	-	= = =			. 3b		
4 Describe in Part XIII the intended			nt funds.				
Part VI Land, Buildings, and Complete if the organ	Fauinment		n 990 Part IV line	11a. See Form 99	90, Par	t X, li	ne 10
		wered 'Yes' on Forn	11 220, 1 41 (17, 1110				
Description of property	ization ansv	wered 'Yes' on Forn (a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated	(d) E	Book va	alue
Description of property	ization ansv	(a) Cost or other basis	(b) Cost or other		(d) E	Book va	alue
	ization ansv	(a) Cost or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E		
1 a Landb Buildings	ization ansv	(a) Cost or other basis	(b) Cost or other basis (other) 583, 657.	(c) Accumulated depreciation 282, 389.	(d) E	301	, 268
1 a Land	ization ansv	(a) Cost or other basis (investment)	(b) Cost or other basis (other)  583, 657.  1, 115, 601.	(c) Accumulated depreciation  282, 389. 680, 969.	(d) E	301 434	, 268 , 632
1 a Land	ization ansv	(a) Cost or other basis (investment)	(b) Cost or other basis (other)  583, 657.  1,115,601.  394,997.	(c) Accumulated depreciation  282, 389. 680, 969. 369, 851.	(d) E	301 434 25	, 268 , 632 , 146
1 a Land b Buildings. c Leasehold improvements d Equipment	ization ansv	(a) Cost or other basis (investment)	(b) Cost or other basis (other)  583, 657.  1,115,601.  394,997.  343,400.	(c) Accumulated depreciation  282, 389. 680, 969. 369, 851. 281, 160.	(d) E	301 434 25 62	, 268 , 632

Complete if the				
(a) Description of security or category	gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives				
) Closely held equity interest	ts			
) Other				
)				
)				
()				
<u></u>				
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<u>~</u>	<del>-</del>			
<del>/</del>				
<u>12                                    </u>				
<del>'/</del>				
	100 Part V salumn (P) line 12)			CONTRACTOR OFFI
Part VIII Investments -	190, Part X, column (B) line 12.)		N/A	The House State of the Line of
Complete if the	e organization answered	Yes' on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 1:
(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) (10)	200 0 14 1 1 20 10 10 10 10 10 10 10 10 10 10 10 10 10			
(9) (10) otal. <i>(Column (b) must equal Form</i> :	990, Part X, column (B) line 13.) ▶		7	
(9) (10) Total. (Column (b) must equal Form:		N/	A 90, Part IV, line 11d. See Form	990, Part X, line 1
(9) (10) Total. (Column (b) must equal Form:	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1
(9) (10) Fotal. (Column (b) must equal Form: Other Assets. Complete if the	ne organization answere	N/	A 90, Part IV, line 11d. See Form	990, Part X, line 1
(9) (10) Fotal. (Column (b) must equal Form: Other Assets. Complete if th	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Other Assets. Complete if th  (1) (2)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Other Assets. Complete if th	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form:  Other Assets.  Complete if th  (1) (2) (3)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Other Assets. Complete if th  (1) (2) (3) (4)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9)	ne organization answere	N/ d 'Yes' on Form 99	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Total. (Column (b) must equal Form:  Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	ne organization answere (a) De	N/d 'Yes' on Form 9	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form:  Other Assets.  Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form:	ne organization answere (a) De (a) De	N/d 'Yes' on Form 9	A 90, Part IV, line 11d. See Form	990, Part X, line 1 (b) Book value
(9) (10) Total. (Column (b) must equal Form:  Other Assets.  Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal  Part X Other Liabilit	ne organization answere (a) De (a) De	N/d 'Yes' on Form 9! escription	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form:  Other Assets.  Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form:  Other Liabilit Complete if the o	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form:  Other Assets.  Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form:  Other Liabilit Complete if the out.	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	N/d 'Yes' on Form 9! escription	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the other Liabilit Complete if the other Liab	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the other Liabilit Complete if the other Liabilit Complete if the other Liabilit Complete (2) CREDIT CARDS	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(9) (10) Fotal. (Column (b) must equal Form: Part IX Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the other Liability Complete if the other Liabilit	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Fotal. (Column (b) must equal Form:  Other Assets. Complete if th  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form: Complete if the other Liability Compl	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form:  Other Assets. Complete if the (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the (1) Complete if the (2) (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form:  Other Assets. Complete if the  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the other Assets. (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form:  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form: Complete if the other Assets. (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form:  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Complete if the o  1. (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8) (9) (10)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) Total. (Column (b) must equal Form:  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Complete if the o  1. (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8) (9) (10)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value
(9) (10) (10) (10) (10) (10) (10) (10) (11) (12) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (10) (1) (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8) (9) (10)	ne organization answere (a) De (a) De ual Form 990, Part X, column ties. organization answered 'Yes' on	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value
(9) (10) (10) (10) (10) (10) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (1) (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8) (9) (10) (1) Federal income taxes (2) CREDIT CARDS (3) (4) (5) (6) (7) (8) (9) (10) (11)	ne organization answered  (a) December 1	M/d 'Yes' on Form 99 escription  (B) line 15.)	90, Part IV, line 11d. See Form	(b) Book value  25.  (b) Book value  18, 879

Part XI Reconciliation of Revenue per Audited Financial Statement		turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	001 63 0.0000000000000000000000000000	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities.	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1	. 2011 - 1 2000 2000 11 1 1 1000 000 2000 2	3
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>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
		D . 37 / 3
Part XII Reconciliation of Expenses per Audited Financial Statement		Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, F		Return. N/A
	Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part IV, line 12a	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	Part IV, line 12a.  2a 2b	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.  2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	2a	1 
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	2a	1 
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	Part IV, line 12a.  2a 2b 2c 2d	1 2e 3 4c
Complete if the organization answered 'Yes' on Form 990, F  1 Total expenses and losses per audited financial statements	Part IV, line 12a.  2a 2b 2c 2d	1 2e 3 4c

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

Schedule D (Form 990) 2020

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Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number 33-0766784 » X

Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance THE CELEBRITY FOUNDATION FOR CHILDREN Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

PO BOX 2134 HAMMOND, I.A 70404 H	assistance	(book, FMV, appraisal, nonca other)	noncash assistance	or assistance
HAMMOND, I.A. 70404	13.000.		I	DONATION
3)		_		
3)				
Total and an analysis for (C)(C)(C) = cit t				
3 Enter total number of other organizations listed in the line 1 table			Cohodia	1 (Eorm 990) 2020
10	TEEA3901L 07/15/20	07/15/20	ocilean	Scredule I (Form 330) 2020

THE CELEBRITY FOUNDATION FOR CHILDREN

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2020

Part III Grants and O

						TOTAL STATE OF THE PARTY OF THE
(a) Typ	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Description of norways assistance
2						
m						
4						
9						
						2 - Tr
M Cupple	Day IV Simplemental Information Provide the information	de the information		, line 2; Part III, co	olumn (b); and any other	required in Part I, line 2; Part III, column (b); and any other additional Information.
art IV Suppi	ellental Illomation: 104					

### SCHEDULE O (Form 990 or 990-EZ)

### 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 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CELEBRITY FOUNDATION FOR CHILDREN

Employer identification number 33-0766784

### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO CARRY OUT VARIOUS CHARITABLE AND EDUCATIONAL ACTIVITIES, INCLUDING WITHOUT LIMITATION, PROVIDING FINANCIAL SUPPORT TO ORGANIZATIONS DEDICATED TO COMMUNITY SERVICE, YOUTH ACTIVITIES, EDUCATIONAL ACTIVITES AND TO THOSE DEDICATED TO IMPROVING THE STANDARD OF LIVING OF THE POOR, UNDERPRIVILEGED AND OTHER DESERVING INDIVIDUALS WITH EMPHASIS ON THE YOUNG.

### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO CARRY OUT VARIOUS CHARITABLE AND EDUCATIONAL ACTIVITIES, INCLUDING WITHOUT LIMITATION, PROVIDING FINANCIAL SUPPORT TO ORGANIZATIONS DEDICATED TO COMMUNITY SERVICE, YOUTH ACTIVITIES, EDUCATIONAL ACTIVITES AND TO THOSE DEDICATED TO IMPROVING THE STANDARD OF LIVING OF THE POOR, UNDERPRIVILEGED AND OTHER DESERVING INDIVIDUALS WITH EMPHASIS ON THE YOUNG.

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

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION

THE FOUNDATION'S FORM 990 IS ON THE WEBSITE OF THE CALIFORNIA ATTORNEY GENERAL'S

REGISTRY OF CHARITABLE TRUSTS.

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

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

## FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B)	(C) MANAGEMENT	(D)
,	TOTAL	PROGRAM SERVICES	& GENERAL	FUNDRAISING
BANK CHARGES BROKERAGE FEE CAMP ENTERTAINMENT	1,485. 31.		1,485. 31.	
CAMP FEES CAMP FOOD COMPUTER AND INTERNET EXPENSES DUES	1,100. 15,208. 9,515. 979.	1,100. 15,208.	9,515. 979.	

Name of the organization
THE CELEBRITY FOUNDATION FOR CHILDREN

33-0766784

## FORM 990, PART IX, LINE 24E (CONTINUED) OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
EVENT EXPENSES					
FOREIGN TAX PAID		540.		540.	
LICENSES AND PERMITS		1,575.		1,575.	
MEALS		918.		918.	
MISCELLANEOUS		471.		471.	
OFFICE EXPENSE		1,542.		955.	587.
OTHER PROGRAM EXPENSES		2,942.	2,942.		
PEST CONTROL					
POLO GEAR		3,821.	3,821.		
POSTAGE AND SHIPPING		1,438.		881.	557.
PRINTING AND PUBLICATIONS		63.	660	63.	
RANCH EQUIPMENT		663.	663.		
RANCH EXPENSES		9,507	9,507.		
RANCH SECURITY		666.	666.		
RANCH SUPPLIES		16,876.	16,876.		
TAXES		F77.4		252	222
TELEPHONE		574.		352.	222.
TRANSPORTATION		10 515	10 515		
TRUCK EXPENSES		13,515.	13,515.		
VEHICLE MAINTENANCE		7 402	7 402		
WASTE DISPOSAL		7,493.	7,493.		2,164.
WEBSITE EXPENSE	TOTAL	\$ 93,086.	\$ 71,791.	\$ 17,765.	\$ 3,530.
	TOTAL	۶۵,000.	9 11,131.	¥ 11,103.	<del>y</del> 3,330.

### FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR BANK ADJUSTMENT 1726-820.

TD AMERITRADE RETURN OF PRINCIPAL.

\$ -1,070.
\$ -1,070.

12/31/20	2	020 F	2020 FEDER	AL E	300	( DEP	RECIA	TION	SCHE	AL BOOK DEPRECIATION SCHEDULE				Α	PAGE 1
			H H	CELE	3RITY I	FOUNDA	CELEBRITY FOUNDATION FOR CHILDREN	R CHILI	OREN					33-(	33-0766784
MOTEURALIA	DATE	DATE	COST/ RASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR	METHOD LIEE RATE	日期	į	CURRENT DEPR
FORM 990/990-PF	Aramari			i											
AUTO / TRANSPORT EQUIPMENT															
70 TRACTOR	4/02/12		2,200	_						2,200	2,200	200DB HY	2		0
% WATER TRICK	2/15/13		12,200							12,200	12,200		2		0
86 TROLLEY	3/31/13		000'09							000'09	000'09	S/L HY	S I	1	0
	12/06/15		38,000	_						38,000	35,812	200DB HY	י ט	05/60	2,188
105 2013 DODGE TRUCK	12/10/15		32,000	- 1	j					32,000	30,136	ZOODB HY	ი	na/cn:	1,044
TOTAL AUTO / TRANSPORT EQUIP	Δ.		144,400	a _	0	0	0	0	0	144,400	140,368				4,032
BUILDINGS															
40	3/30/03		56 893							56,893	56,893	S/L HY	15		0
	3/ 30/ 02		25,000	_						25,000	10,871	S/L MM	33	.02564	641
	4/08/03		26.603							26,603	11,396	S/L MM	33	.02564	682
	4/ 00/ 03		76.416							76,416	31,102	S/L MM	33	.02564	1,959
	2/ 10/ 04		80.000							80,000	31,535	S/L MM	33	.02564	2,051
2 ALL WATS CONSTRUCTION OF THE WATER	8/21/04		14.871							14,871	5,858	S/L MM	33	.02564	381
1 HOMFSON INAILER ROWL #1	10/25/04		28.325							28,325	11,042	S/L MM	33	.02564	726
/ BULION EN IENTRIGES	1/26/05		13,093							13,093	5,026	S/L MM	33	.02564	336
	VARIOUS		14,161							14,161	4,795			.02564	363
	VARIOUS		28,780							28,780	989'6	_		.02564	738
	VARIOUS		19,350	_						19,350	12,100			05000	
	7/19/08		1,000							1,000	770			.066/0	/9
	7/19/08		7,127	_						7,127	5,462			.06670	4/5
	VARJOUS		27,619	•						27,619	15,881			.05000	1,881
	7/10/08		2,773	~						2,773	1,598	S/L HY	20	.02000	98 8

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12/31/20	~	020 F	EDER	ALE	3006	( DEPI	RECIA	TION	SCHE	2020 FEDERAL BOOK DEPRECIATION SCHEDULE					PAGE 2
			TE	CELEI	3RITY	FOUNDA	CELEBRITY FOUNDATION FOR CHILDREN	R CHILI	OREN					m	33-0766784
	DATE	DATE	C0ST/	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/	PRIOR DEC. BAL	SALVAG /BASIS	DEPR.	PRIOR	METHOD	<u>=</u>	RATE	CURRENT
NO. DESCRIPTION	ACQUIRED.	SOLD	BASIS	1	BONUS	AII OW.	N. UFFK	JEFK.	RELEGIE	Clicke		2	8	00000	7.7
39 MOBILE HOME #2 REMODEL	1/30/08		1,100	9						1,100	633			00000.	8 (
	VARIOUS		2,729	g:						2,729	2,729				0
	7/10/08		2,966							2,966	871			.02564	9/
	VARIOUS		1,475							1,475	404	S/L MM	33	.02564	38
	VAPIOIIS		70.950	_						70,950	16,599	S/L MM	33	.02564	1,819
	9/11/11		5.84(							5,840	1,331	S/L MM	33	.02564	150
	9,01,13		5,692							5,692	2,137	S/L HY	. 50	.05000	285
	ZI /IO/Z		2,235							2,225	444	S/L MM	33	.02564	22
	SOCIAL		22.152							23,152	3,886	S/L MM	33	.02564	294
	VARIOUS		45 518	. ~						45,518	22,673	150DB HY	15	.05900	2,686
8/ IEN!	VARIOUS		in the second	. 7					•	000	905 300			,	799 91.
TOTAL BUILDINGS			583,658	m	0	0	0	0	0	583,658	77/'597				200,01
FURNITURE AND FIXTURES															
1	00/01/0		10.500	_						10,500	5,248	200DB HY	7		0
	10/26/01		10 484							10,484	9,643	200DB HY	7		0
	10/67/01		10,401							10,837	10,837	200DB HY			0
	20 /00 /0		1 360							1,360	1,360	200DB HY	. 7		0
	9/13/04		24 972							24,972	24,972	200DB HY	. 7		0
	3/31/03		7.871							7,821	7,821	200DB HY	7		0
14 DASEBALL EUL I	VARIOHS		2.665							2,665	2,665	200DB HY	7		0
	8/05/08		530	0						230	530	200DB HY			0
	3/10/08		4.050	0						4,050	4,050	200DB HY	7		0
	9/101/6		1.098	- 00						1,098	1,098	200DB HY	r.		0
	5/04/09		631	_						631	631	m			0
	12/21/10		3,344	₹						3,344	3,344	S/L HY			0
	VARIOUS		10,690							10,690	10,690	200 <b>DB</b> HY	_		0

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12/31/20		2020 F	2020 FEDER	AL E	3005	< DEP	RECIA	TION	SCF	AL BOOK DEPRECIATION SCHEDULE	ш				PA	PAGE 3
			THE (	SELEE	3RITY !	FOUND	CELEBRITY FOUNDATION FOR CHILDREN	R CHILI	OREN						33-0	33-0766784
MANTERIANANA	DATE	DATE	COST/ RANK	BUS.	CUR 179 BONIIS	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	WE	METHOD J	LIEE .R	RATE	CURRENT DEPR.
9	2/19/11		SOU S	i						ω	3 008	800 20	200DB HY	7		0
	3/12/11		13 275							13,275		13,275 20	200DB HY	7		0
	21 /01 /0		766							.7	224	224 20	200DB HY	7		0
	21 /60 /0		477 VEO							4	7 69	469 20	200DB HY	7		0
	71 /07/9		407							73.351		56,987 20	200DB HY	). /	.08920	6,543
	VARIOUS		73,331							50,559			200DB HY	). /	.08930	4,515
	VARIOUS		866,06							3.0			200DB HY	). /	.08930	355
111 SIGNS	VARIOUS		3,970							, בילי בי						
TOTAL FURNITURE AND FIXTURE			231,630		0	0	0	0		0 231,630	330 192,138	138				11,413
IMPROVEMENTS																
15 IMPROVEMENTS	9/30/01		12,704							12,704		12,704 S	S/L HY	15		0
16 IMPROVEMENTS	6/30/02		104,245							104,245	245 104,245		S/L HY	15		0
	8/30/03		10,799							10,799		10,413 20	200DB HY	7		0
	10/31/03		57,952							57,952		24,257 Sv	S/L MM	39	.02564	1,486
	6/30/04		86.249							86,249		86,249 S	S/L HY	15		0
	10/31/04		71.206							71,206		69,448 S	S/L HY	15		0
20 RANCH IMPROVEMENTS	11 /01 /05		38.236							38,236		13,843 S/	S/L MM	39	.02564	086
	VARIOHS		34.213							34,213		34,213 S	S/L HY	7		0
	5/16/07		3,730							3,7	3,730 3,7	3,730 S	S/L HY	10		0
	VARIOUS		8,869							8,8	8,869 8,8	8,869 20	200DB HY	5		0
	6/17/08		900							5,	3 006	S 006	S/L HY	7		0
	8/05/08		350							,	350 3	350 20	200DB HY	2		0
	10/17/08		3,709							3,7	3,709 3,7	3,709 20	200DB HY	7		0
	VARIOUS		7,250							7,7	7,250 7,2	7,250 S	S/L HY	7		0
	VARIOUS		1,739							ī,1	1,739	1,739 S	S/L HY	10		0
	1/22/09		19,158							19,158		13,418 S	S/L· HY	15 .(	.06670	1,278

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12/31/20	7	020 F	2020 FEDER	AL B	8   8	DEP	RECIA	NOIL	SCHI	BOOK DEPRECIATION SCHEDULE				PAGE	E 4
			THE C	ELEE	RITY F	7GNNO.	THE CELEBRITY FOUNDATION FOR CHILDREN	R CHIL	DREN					33-0766784	6784
	DATE	DATE	/1803	BUS.	CUR 179	SPECIAL DEPR.	PRIOR 179/ BONUS/ SP DEPP	PRIOR DEC. BAL	SALVAG /BASIS REDICT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT TEDEPR_	ENT.
NO. DESCRIPTION	ACOURED		8	i	1	ALL UW.				2 000	2 000	S/L HY	10		0
49 SOCCER FIELD IMPROVEMENT	12/22/09		2,000							4 581	3.213			02990	306
52 LANDSCAPING	VARIOUS		4,581							1,758	1 758			•	0
	12/20/10		1,758							31 700	20.082		. 15	0.06670	2,114
	VARIOUS		31,700							3.804	3,804				0
	VARIOUS		3,804							000'6	5,100	S/L HY	15 .06	0.0000	009
	VARIOUS		3,000							4,520	2,518	150DB HY	15 .05	05910	267
/9 I KEES/ IKKIGA I JON/ FUINF	VARIOUS		7.000							7,000	1,365	S/L MM	39 .02	02564	179
	VARIOUS		62.200							62,200	34,651	150DB HY	15 .05	01650	3,676
	6/26/12		2,500							2,500	483	S/L MM	39 .02	.02564	25
	VARIOUS		1,716							1,716	1,118	S/L HY	10 .10	.10000	172
	5/05/14		1,329							1,329	1,329	200DB HY	r.		0
	VARIOUS		60,352							60,352	26,500	150DB HY	15 .05	.05900	3,561
	4/01/14		1,100							1,100	484	150DB HY	15 .05	.05900	99
	5/12/14		4,234							4,234	1,859	150DB HY	•	.05900	720
	9/17/14		7,307							7,307	3,208	150DB HY	15 .06	.05900	431
	7/29/15		5,544							5,544	2,089	150DB HY	15 .06	.06230	345
	VARIOUS		21,338							21,338	8,040	150DB HY	15 .06	.06230	1,329
	VARIOUS		167,759							167,759	63,211	150DB HY	15 .06	_	10,451
	VARIOUS		52,450							52,450	16,129	150DB HY			3,635
	VARIOUS		108,643							108,643	33,408			.06930	7,529
113 BUILDING IMPROVEMENTS	VARIOUS		10,661							10,661	1,777	S/L HY		0/990	= !
	12/05/17		2,950							2,950	089	150DB HY			727
	2/05/18		36,882							36,882	5,348	150DB HY			3,153
	6/01/19		5,475							5,475	274	150DB HY		.09500	220
	1/28/20		37,490	1						37,490		150DB HY	15 .05	.05000	3/8,1
TOTAL IMPROVEMENTS			1,115,602		0	0	0	0	0	1,115,602	635,765			4	45,204

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				THE CE	CELEE	3RITY I	FOUND/	ELEBRITY FOUNDATION FOR CHILDREN	R CHIL	DREN					33-0766784
S	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC. BAL DEPR.	SALVAG /BASIS .REDLICT.	DEPR. BASIS	PRIOR DEPR.	METHOD. LIFE	LIEE RATE	CURRENT
MACHIN	MACHINERY AND EQUIPMENT														
TAM 36	WATED FOIIDMENT	VARIOHS		24.461							24,461	24,461	200DB HY	5	
	IOHN DEFRE GATOR	1/01/07		9,270							9,270	9,270	200DB HY	က	
	HORSE TRAILER	5/16/07		3,522							3,522	3,522	200DB HY	7	
	WED WACKER	2/01/08		09/							760	760	200DB HY	က	
	FARM EQUIPMENT	6/17/08		1,194							1,194	1,194	200DB HY	2	
	FARM EQUIPMENT	4/27/09		21,000							21,000	21,000	200DB	7	
	GOLF CART	4/06/10		10,528							10,528	10,528		2	
		6/01/10		574							574	574	S/L HY	5	
	TRACTOR ATTACHMENT	6/07/11		1,707							1,707	1,707	200DB HY	7	
	CREATIVE PLAY	7/28/11		689							689	689	200DB HY	7	
	TRACTOR TRAILER	6/01/12		2,261							2,261	2,261	200DB HY	7	
	10 X 20 TENT	4/09/12		7,784							7,784	7,784	200DB HY	2	
	LAWN MOWER	5/09/12		2,516							2,516	2,516	200DB HY	2	
	LARGE ARENA FLAGS	7/18/12		623							623	623	200DB HY		
	LARGE TENT	11/30/12		28,968							28,968	16,138	150DB HY		.05910 1,712
83 DON	DONATED DRAG FOR TRACTOR	VARIOUS		2,000							2,000	2,000	200DB HY	2	
	FARM EQUIPMENT	VARIOUS		10,757							10,757	10,757	200DB HY	2	
90 EQUI	EQUIPMENT	VARIOUS		11,973							11,973	11,973	200DB HY		
95 WELL		VARIOUS		10,950							10,950	9,485	200DB HY		
	HORSE TRAILERS	VARIOUS		52,130							52,130	49,127	200DB HY		.05760 3,003
		VARIOUS		273							273	212	200DB HY		
	POLO EQUIPMENT	12/23/15		1,887							1,887	1,777	200DB HY		
	EQUIPMENT	VARIOUS		1,887							1,887	1,560	200DB HY		
	FARM EQUIPMENT	1/0/17		12,685							12,685	7,139	200DB HY		
115 WAT	115 WATER TRUCK	2/25/17		15,000							15,000	8,442	200DB HY	7 .12	1,874
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12/31/20	"	2020	2020 FEDER	AL E	00 X	DEP	RECIA	TION	SCHE	AL BOOK DEPRECIATION SCHEDULE				PAGE 6
				SELEE	3RITY F	OUND/	CELEBRITY FOUNDATION FOR CHILDREN	OR CHIL	DREN					33-0766784
NO	DATE	DATE	COST/ RASIS	BUS.	CUR 179 BONLIS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDIJCT	DEPR. BASIS	PRIOR DEPR.	METHOD_	METHOD, 11FE RATE	CURRENT
116 AIR CONDITIONER 118 TRACTOR	8/07/17		11,270							11,270	6,341	200DB HY 200DB HY	7 .12490 7 .12490	0 1,408
TOTAL MACHINERY AND EQUIPME			250,597	1	0	0		0 0	0	250,597	214,050			11,401
MISCELLANEOUS 106 HORSES	VARIOUS		26,070							26,070	17,040			
112 ANIMALS 119 CALF AND COW	VARIOUS		83,000							83,000	46,705 271	200DB HY	7 .17490	
121 1 HORSE 123 5 HORSES	12/05/19 VARIOUS	9/04/20	2,000							2,000	16,340	200DB HY 200DB HY	7 .24490 7 .08930	0 490
TOTAL MISCELLANEOUS			136,770		0	0		0 0	0	136,770	80,642			14,424
TOTAL DEPRECIATION			2,462,657	1 11		0		0	0	2,462,657	1,528,685			103,141
GRAND TOTAL DEPRECIATION			2,462,657	н	0	0		0	0	2,462,657	1,528,685			103,141
DEPRECIATION ASSETS SOLD			25,000		0	0	0	0 0	0	25,000	16,340			1,117
DEPR REMAINING ASSETS			2,437,657	11	0	0		0	0	2,437,657	1,512,345			102,024

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