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## 2020 Tax Return(s)

**Prepared for** THE INFANT PARENT MENTAL HEALTH  
FOUNDATION  
CLIENT CODE: THEINFANTPAR

**Account Number** 600057  
**Release Number** 2020.03050

**Prepared by** CRAIG W. HARRIS, CPA  
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WESTLAKE VILLAGE, CA  
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(805) 557-0414

**Processing** Date: 06/23/2021  
Time: 11:25:19

**Special  
Instructions**

**Messages**

## Return Information

### INFORMATIONAL

Form: EF-2 Sheet: 1 Box: 43

- Electronic Filing. The following EFIN 964875 is being used to electronically file Form 990-PF. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Signed-off by cwh at 06/23/2021 09:51:55AM

Form: EF-1 Sheet: 1 Box: 100

- Electronic Filing. The following Name Control INFA has been computed and is being used to electronically file Form 990-PF for THE INFANT PARENT MENTAL HEALTH FOUNDATION. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990-PF does not match the IRS database it can be overridden on Interview Form EF-1, Box 100. (37026)

Signed-off by cwh at 06/23/2021 09:51:57AM

Form: FD eFile

- Electronic Filing. Form 990-PF has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. (39494)

Signed-off by cwh at 06/23/2021 09:52:00AM

Form: Form 8868

- Form 8868 Extension Information. Form 990-PF is allowed one 6-month extension. The extension for Form 990-PF is automatic and must be requested by filing Form 8868 on or before May 17, 2021. Form 990-T is being prepared and is also allowed one 6-month extension. The extension for Form 990-T must be requested by filing Form 8868 on or before May 17, 2021. (34479)

Signed-off by cwh at 06/22/2021 11:28:03AM

## Return Information

### Form: Depreciation

- State Depreciation. Current year assets are present that use MACRS depreciation for federal purposes. California law does not conform to the federal provisions of MACRS depreciation for corporations. The following assumptions have been made to one or more current year assets for California depreciation purposes. If a MACRS method of "M" or "MT" has been made for federal purposes California will assume a method of "DDB." A MACRS method of "ME" will be treated as "DB" and a MACRS method of "MSL" will be treated as "SL." Other similar assumptions will be made depending upon the MACRS method and life of the asset. Note that this automatic state different depreciation treatment can be suppressed by making an entry on Interview Form DP-8, Box 40. Alternately Interview Form DP-2 may be used to control state different depreciation on an asset by asset basis. (39601)

Signed-off by cwh at 06/22/2021 11:24:07AM

### Form: Form RRF-1

- California. Form RRF-1. If total gross revenue or total assets are \$25,000 or more, be sure that Form RRF-1 includes a complete copy of the federal return and all necessary attachments, including Schedule B, Schedule of Contributors, if prepared. If the federal attachment is missing or incomplete Form RRF-1 will be considered incomplete by the Attorney General's Registry of Charitable Trusts. (35698)

Signed-off by cwh at 06/22/2021 11:23:52AM

### Form: CA eFile

- California Electronic Filing. The California Form 199 return has been selected for electronic filing. If a printed copy of the California return is generated and electronic processing of the return is completed, do not mail the printed copy of return to the Franchise Tax Board. (31017)

Signed-off by cwh at 06/22/2021 11:23:47AM

### Form: California

- California. Form RRF-1 has been prepared but is not available for electronic filing with the state. Form RRF-1 has been included in the printed government copy; please separately mail this form to:

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470 (36364)

Signed-off by cwh at 06/22/2021 11:23:44AM

## Return Information

- California. The following forms have been prepared but are not available for electronic filing with the state: Form 3539, 100-ES, 5806, 109, Sch D (541), Sch D-1, 3885 (Form 109), 3885F (Form 109), 3805Q and RRF-1. Please review the form's printed instructions for proper filing of this form. (37877)  
Signed-off by cwh at 06/22/2021 11:23:43AM





## 2020 Return Summary

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

26-2055149

FORM 990-PF:

TOTAL REVENUE	657,775.
TOTAL EXPENSES	586,164.
EXCESS <DEFICIT>	71,611.
BEGINNING NET ASSETS	440,159.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PART III)	511,770.
NET INVESTMENT INCOME	0.
TAX ON INVESTMENT INCOME	0.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	572,043.
ENDING TOTAL LIABILITIES	60,273.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II)	511,770.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
NET ASSETS DIFFERENCE BETWEEN PART II AND PART III	0.

## 2020 Return Summary

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

26-2055149

CALIFORNIA FORM 199:

GROSS RECEIPTS	657,775.
TOTAL EXPENSES	587,200.
EXCESS	70,575.
BEGINNING NET ASSETS	440,159.
CHANGES IN NET ASSETS	0.
SCHEDULE M-1 ADJUSTMENTS	1,036.
ENDING NET ASSETS (1)	511,770.
FILING FEES	0.
TOTAL TAX	0.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	572,043.
ENDING TOTAL LIABILITIES	60,273.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	511,770.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

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CALIFORNIA FORM RRF-1:

TOTAL REVENUE	0.
TOTAL EXPENSES	0.
ANNUAL REPORT FILING FEES	75.

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## 2020 Return Summary

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

26-2055149

	FEDERAL	CALIFORNIA
FORM NAME	990-PF	FORM RRF-1
E-FILE REQUESTED	YES	NO **
DUE DATE	05/17/21	05/17/21
EXTENDED DUE DATE		
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	06/23/21	06/23/21
TIME CALCULATED	11:22:11	11:22:11
RELEASE VERSION	2020.03050	2020.03050

\*\* NOT AVAILABLE FOR E-FILE

## 2020 Return Summary

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION

26-2055149

CALIFORNIA

FORM NAME	FORM 199
E-FILE REQUESTED	YES
DUE DATE	05/17/21
EXTENDED DUE DATE	11/15/21
DIRECT DEPOSIT	N/A
ELECTRONIC WITHDRAWAL	N/A
DATE CALCULATED	06/23/21
TIME CALCULATED	11:22:11
RELEASE VERSION	2020.03050

\*\* NOT AVAILABLE FOR E-FILE

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1, Sheet #1, Entity 1            Box Cnt 16

30: "CA",    35: "THE INFANT PARENT MENTAL HEALTH",    36: "FOUNDATION"  
37: "11400 W. OLYMPIC BLVD.",    38: "590",    39: "LOS ANGELES",    40: "CA"  
41: "90064",    42: "26-2055149",    44: "310 481 5000"  
47: "WWW.WELLBABYCENTER.ORG",    50: 1/ 1/20,    51: 12/31/20,    55: "3",    66: "3"  
90: "X"

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3, Sheet #1, Entity 1            Box Cnt 1

40: "cwh"

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8, Sheet #1, Entity 1            Box Cnt 8

30: "CA",    50: "PERRY, NEIDORF & GRASSL, LLP"  
51: "11400 W. OLYMPIC BLVD., #590",    52: "LOS ANGELES",    53: "CA"  
54: "90064",    55: "310 481 5000",    57: "310 481 5002"

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10, Sheet #1, Entity 1            Box Cnt 8

30: "MICHAEL A. NEIDORF",    31: "C.F.O.",    32: "310 481 5000"  
33: "11400 W. OLYMPIC BLVD., SUITE 590",    35: "LOS ANGELES",    36: "CA"  
37: "90064",    42: "2"

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B-1, Sheet #1, Entity 1            Box Cnt 36

30: 1,    31: "DEBORAH CAPLAN GROENING",    32: "X"  
33: "11400 W. OLYMPIC BLVD., SUITE 590",    34: 2  
35: "THE CHILDREN WE LOVE FOUNDATION"  
37: "11400 W. OLYMPIC BLVD., SUITE 590",    38: 3,    39: "CEDARS SINAI"  
41: "11400 W. OLYMPIC BLVD., SUITE 590",    42: 4  
43: "LA COUNTY COVID RELIEF FUND",    45: "11400 W. OLYMPIC BLVD., SUITE 590"  
70: "LOS ANGELES",    71: "CA",    72: "90064",    76: "1",    78: "2"  
79: "LOS ANGELES",    80: "CA",    81: "90064",    84: 486000,    85: "1",    87: "1"  
88: "LOS ANGELES",    89: "CA",    90: "90064",    93: 50000,    94: "1",    96: "1"  
97: "LOS ANGELES",    98: "CA",    99: "90064",    102: 15000,    103: "1",    105: "1"

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EF-1, Sheet #1, Entity 1            Box Cnt 3

30: "Y",    31: "Y",    32: "Y"

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EF-2, Sheet #1, Entity 1            Box Cnt 4

60: "55149",    62: "2",    63: "MICHAEL NEIDORF",    65: "561-37-7697"

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PF-1, Sheet #1, Entity 1           Box Cnt 4

30: "1",   40: "1",   41: "1",   50: 553670

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PF-2, Sheet #1, Entity 1           Box Cnt 2

90: "NIAC",   93: 186

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PF-5, Sheet #1, Entity 1           Box Cnt 48

34: 322990,   36: 51678,   37: 271312,   38: 28550,   40: 4568,   41: 23982  
42: "DUES",   43: "3",   44: 1655,   46: 265,   47: 1390,   48: "LEGAL FEES"  
49: "1",   50: 3017,   52: 483,   53: 2534,   54: "OUTSIDE SERVICES",   55: "3"  
56: 10063,   58: 1610,   59: 8453,   85: "TAXES & LICENSES",   86: 32568  
88: 5211,   89: 27357,   114: 1012,   116: 162,   117: 850,   124: 85485  
125: 6046,   126: 13678,   127: 65761,   135: "BANKING COSTS",   136: 4428  
138: 708,   139: 3720,   140: "INSURANCE",   141: 45101,   143: 7216,   144: 37885  
145: "MESSENGER",   146: 321,   148: 51,   149: 270,   150: "OFFICE SUPPLIES"  
151: 4727,   153: 756,   154: 3971

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PF-5, Sheet #2, Entity 1           Box Cnt 12

135: "PARKING",   136: 1780,   138: 285,   139: 1495,   140: "POSTAGE",   141: 87  
143: 14,   144: 73,   150: "PROTECTION AND BURGLAR ALARM EXPENSE",   151: 1311  
153: 210,   154: 1101

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PF-5, Sheet #3, Entity 1           Box Cnt 16

135: "PUBLICITY",   136: 4717,   138: 755,   139: 3962,   140: "UTILITIES"  
141: 5373,   143: 860,   144: 4513,   145: "MAINTENANCE & REPAIRS",   146: 7524  
148: 1204,   149: 6320,   150: "TELEPHONE",   151: 9855,   153: 1577,   154: 8278

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PF-5, Sheet #4, Entity 1           Box Cnt 8

140: "WEBSITE COSTS",   141: 3799,   143: 608,   144: 3191  
145: "RENT-EQUIPMENT",   146: 3469,   148: 555,   149: 2914

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PF-6, Sheet #1, Entity 1           Box Cnt 17

30: 206636,   31: 345025,   32: 345025,   115: 343224,   116: 345258,   117: 345258  
118: 115908,   119: 124240,   120: 124240,   121: 0,   122: 0,   123: 0  
130: "DEPOSITS",   131: 6207,   132: 6000,   133: 6000,   160: "X"

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PF-7, Sheet #1, Entity 1           Box Cnt 3

45: "PPP LOAN",   48: 60273,   104: 440159

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PF-11, Sheet #1, Entity 1                      Box Cnt 2

30: "X",    32: "X"

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PF-13, Sheet #1, Entity 1                      Box Cnt 17

30: "DEBORAH GROENING",    31: "PRESIDENT & VICE-PRESIDENT",    32: 40.00  
33: "MICHAEL NEIDORF",    34: "C.F.O. & SECRETARY"  
70: "11400 W. OLYMPIC BLVD., #590",    71: "LOS ANGELES",    72: "CA"  
73: "90064",    76: "11400 W. OLYMPIC BLVD., #590",    77: "LOS ANGELES"  
78: "CA",    79: "90064",    133: "3",    210: 0.0000%,    211: 0.0000%,    212: 0.0000%

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PF-15, Sheet #1, Entity 1                      Box Cnt 13

81: 206336,    83: 283451,    85: 236508,    87: 178290,    89: 246317,    91: 276437  
93: 248458,    95: 374176,    97: 344260,    99: 302661,    101: 374691,    103: 344351  
105: 344725

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PF-17, Sheet #1, Entity 1                      Box Cnt 24

30: 8/12/08,    31: "1",    40: 14499,    43: 7883,    44: 5550,    45: 3627  
46: 431935,    47: 472965,    48: 499775,    54: 440159,    55: 348257,    56: 328898  
58: 440159,    59: 348257,    60: 328898,    62: 649279,    63: 605351,    64: 669595  
66: 649279,    67: 605351,    68: 669595,    70: 395000,    71: 341000,    72: 295000

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PF-18, Sheet #1, Entity 1                      Box Cnt 1

30: "X"

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PF-20, Sheet #1, Entity 1                      Box Cnt 1

30: "EARLY INTERVENTION AND PREVENTION PROGRAM FOR INFANT/PARENT MENTAL HEALTH COUNSELING SESSIONS."  
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PF-21, Sheet #1, Entity 1                      Box Cnt 14

30: "COMMUNITY PROGRAM FEES",    38: 3573,    39: "COUNSELING",    47: 94486  
190: "THE INFANT PARENT MENTAL HEALTH FOUNDATION'S PHILOSOPHY IS ROOTED IN"  
191: "1A"  
193: "THE EMERGING FIELD OF INFANT-FAMILY MENTAL HEALTH. A COMMUNITY"  
194: "1B"  
196: "CENTER WAS ESTABLISHED TO SUPPORT FAMILIES FROM THE BEGINNING AND TO"  
199: "HELP CHILDREN REACH THEIR FULL POTENTIAL BY FOSTERING IN THEM"  
202: "CREATIVITY, CONFIDENCE, AND RESILIENCE AS THEY MOVE OUT INTO THE"  
205: "WORLD. AN INTERACTIVE SPACE HAS BEEN CREATED FOR SOCIAL AND"  
208: "RELATIONAL SUPPORT TO FLOURISH FOR FAMILIES WITH CHILDREN 0-5 AND THE"  
211: "COMMUNITY THEY LIVE IN."

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PF-21, Sheet #2, Entity 1                      Box Cnt 4

190: "THE INFANT PARENT MENTAL HEALTH FOUNDATION IS PRIMARILY SUPPORTED BY"  
 193: "ENDOWMENT FUNDS. THE FOUNDATION RAISES REVENUE BY CHARGING FEES FOR"  
 196: "ITS SERVICES. THE SERVICES ARE THE PRIMARY MEANS BY WHICH THE"  
 199: "ORGANIZATION ACCOMPLISHES ITS COMMUNITY AND EDUCATIONAL PURPOSES."

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PF-2A, Sheet #1, Entity 1                      Box Cnt 11

30: 1, 31: "VENICE FAMILY CLINIC", 33: "2", 34: "531120", 35: "03"  
 36: 5400, 37: 2, 38: "MISCELLANEOUS", 40: "2", 41: "531120", 43: 460

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DP-1, Sheet #1, Entity 1                      Attached to 990-PF Pg 1 Entity 1      Box Cnt 36

30: 1, 31: "FURNITURE", 32: "01/01/10", 33: "MT", 34: 7.0000, 35: 18652  
 36: 2, 37: "LEASEHOLD IMPROVEMENTS", 38: "01/01/10", 39: "MT", 40: 39.0000  
 41: 273867, 42: 3, 43: "FURNITURE", 44: "01/14/10", 45: "MT", 46: 7.0000  
 47: 1083, 48: 4, 49: "COMPUTER EQUIPMENT", 50: "01/14/10", 51: "MT"  
 52: 5.0000, 53: 1505, 54: 5, 55: "COMPUTER EQUIPMENT", 56: "02/24/10"  
 57: "MT", 58: 5.0000, 59: 1176, 65: 18652, 73: 69938, 74: 7022, 81: 1083  
 89: 1505, 97: 1176

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DP-1, Sheet #2, Entity 1                      Attached to 990-PF Pg 1 Entity 1      Box Cnt 36

30: 6, 31: "FURNITURE", 32: "03/04/10", 33: "MT", 34: 7.0000, 35: 2313  
 36: 7, 37: "COMPUTER EQUIPMENT", 38: "03/15/10", 39: "MT", 40: 5.0000  
 41: 1277, 42: 8, 43: "COMPUTER SOFTWARE", 44: "03/23/10", 45: "A"  
 46: 36.0000, 47: 428, 48: 9, 49: "FURNITURE", 50: "04/21/10", 51: "MT"  
 52: 7.0000, 53: 207, 54: 10, 55: "OFFICE EQUIPMENT", 56: "04/22/10"  
 57: "MT", 58: 7.0000, 59: 604, 65: 2313, 73: 1277, 81: 428, 89: 207  
 97: 604, 200: "197"

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DP-1, Sheet #3, Entity 1                      Attached to 990-PF Pg 1 Entity 1      Box Cnt 37

30: 11, 31: "COMPUTER SOFTWARE", 32: "10/13/10", 33: "A", 34: 36.0000  
 35: 1349, 36: 12, 37: "LEASEHOLD IMPROVEMENTS", 38: "10/18/10", 39: "MT"  
 40: 39.0000, 41: 6457, 42: 13, 43: "FURNITURE", 44: "10/21/10", 45: "MT"  
 46: 7.0000, 47: 2500, 48: 14, 49: "FURNITURE", 50: "11/10/10", 51: "MT"  
 52: 7.0000, 53: 350, 54: 15, 55: "FURNITURE", 56: "12/14/10", 57: "MT"  
 58: 7.0000, 59: 340, 65: 1349, 73: 1529, 74: 166, 81: 2500, 89: 350  
 97: 340, 174: "197"

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DP-1, Sheet #4, Entity 1                      Attached to 990-PF Pg 1 Entity 1      Box Cnt 39

30: 16, 31: "COMPUTER EQUIPMENT", 32: "06/15/11", 33: "MT", 34: 5.0000  
 35: 1519, 36: 17, 37: "COMPUTER EQUIPMENT", 38: "07/12/11", 39: "MT"  
 40: 5.0000, 41: 75, 42: 18, 43: "COMPUTER SOFTWARE", 44: "02/06/12"  
 45: "A", 46: 36.0000, 47: 149, 48: 19, 49: "OFFICE EQUIPMENT"  
 50: "08/13/13", 51: "MT", 52: 7.0000, 53: 281, 54: 20

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DP-1, Sheet #4, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 39

55: "LEASEHOLD IMPROVEMENTS",    56: "08/16/13",    57: "MT",    58: 39.0000  
 59: 1567,    81: 149,    89: 133,    90: 6,    97: 255,    98: 40,    113: 1519,    122: 75  
 140: 141,    200: "197"

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DP-1, Sheet #5, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 42

30: 21,    31: "OFFICE EQUIPMENT",    32: "09/12/13",    33: "MT",    34: 7.0000  
 35: 1149,    36: 22,    37: "LEASEHOLD IMPROVEMENTS",    38: "10/02/13",    39: "MT"  
 40: 39.0000,    41: 2075,    42: 23,    43: "OFFICE EQUIPMENT",    44: "10/16/13"  
 45: "MT",    46: 7.0000,    47: 53,    48: 24,    49: "LEASEHOLD IMPROVEMENTS"  
 50: "11/19/13",    51: "MT",    52: 39.0000,    53: 1688,    54: 25  
 55: "LEASEHOLD IMPROVEMENTS",    56: "11/19/13",    57: "MT",    58: 39.0000  
 59: 1957,    65: 548,    66: 26,    73: 329,    74: 53,    81: 24,    82: 1,    89: 263  
 90: 43,    97: 306,    98: 50,    113: 575,    131: 27

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DP-1, Sheet #6, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 43

30: 26,    31: "FURNITURE",    32: "01/15/14",    33: "MT",    34: 7.0000,    35: 400  
 36: 27,    37: "FURNITURE",    38: "08/12/14",    39: "MT",    40: 7.0000,    41: 100  
 42: 28,    43: "COMPUTER EQUIPMENT",    44: "07/08/14",    45: "MT",    46: 5.0000  
 47: 225,    48: 29,    49: "OFFICE EQUIPMENT",    50: "08/19/14",    51: "MT"  
 52: 7.0000,    53: 506,    54: 30,    55: "LEASEHOLD IMPROVEMENTS",    56: "10/21/14"  
 57: "MT",    58: 39.0000,    59: 5820,    65: 174,    66: 18,    73: 42,    74: 4  
 81: 112,    89: 220,    90: 23,    97: 776,    98: 149,    113: 200,    122: 50,    131: 113  
 140: 253

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DP-1, Sheet #7, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 40

30: 31,    31: "LEASEHOLD IMPROVEMENTS",    32: "11/04/14",    33: "MT"  
 34: 39.0000,    35: 7952,    36: 32,    37: "COMPUTER EQUIPMENT",    38: "03/17/15"  
 39: "MT",    40: 5.0000,    41: 700,    42: 33,    43: "COMPUTER EQUIPMENT"  
 44: "03/23/17",    45: "MT",    46: 5.0000,    47: 1745,    48: 34  
 49: "COMPUTER EQUIPMENT",    50: "09/18/19",    51: "MT",    52: 5.0000,    53: 2295  
 54: 35,    55: "COMPUTER EQUIPMENT",    56: "09/18/19",    57: "MT",    58: 5.0000  
 59: 640,    65: 1046,    66: 204,    73: 329,    74: 20,    81: 620,    82: 100,    122: 350  
 131: 873,    140: 2295,    149: 640

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DP-1, Sheet #8, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 14

30: 36,    31: "COMPUTER SOFTWARE",    32: "09/18/19",    33: "MT",    34: 3.0000  
 35: 220,    36: 37,    37: "COMPUTER EQUIPMENT",    38: "09/16/20",    39: "MT"  
 40: 5.0000,    41: 2034,    113: 220,    123: "1"

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DP-2, Sheet #1, Entity 1                    Attached to 990-PF Pg 1 Entity 1      Box Cnt 28

31: 1,    39: 18652,    41: 2,    49: 273867,    51: 3,    59: 1083,    61: 4,    69: 1505  
 71: 5,    79: 1176,    81: 6,    89: 2313,    91: 7,    99: 1277,    101: 9,    109: 207

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DP-2, Sheet #1, Entity 1            Attached to 990-PF Pg 1 Entity 1    Box Cnt 28

111: 10,    119: 604,    125: 16883,    133: 70220,    135: 7022,    141: 980  
149: 1388,    157: 1082,    165: 2090,    173: 1174,    181: 187,    189: 545

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DP-2, Sheet #2, Entity 1            Attached to 990-PF Pg 1 Entity 1    Box Cnt 31

31: 12,    39: 6457,    41: 13,    49: 2500,    51: 14,    59: 350,    61: 15,    69: 340  
71: 16,    79: 1519,    81: 17,    89: 75,    91: 19,    99: 281,    101: 20,    109: 1567  
111: 21,    119: 1149,    125: 1522,    127: 166,    133: 2259,    141: 316,    149: 308  
157: 1393,    165: 69,    173: 248,    175: 9,    181: 253,    183: 40,    189: 1010  
191: 40

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DP-2, Sheet #3, Entity 1            Attached to 990-PF Pg 1 Entity 1    Box Cnt 35

31: 22,    39: 2075,    41: 23,    49: 53,    51: 24,    59: 1688,    61: 25,    69: 1957  
71: 26,    79: 400,    81: 27,    89: 100,    91: 28,    99: 225,    101: 29,    109: 506  
111: 30,    119: 5820,    125: 331,    127: 53,    133: 46,    135: 2,    141: 262  
143: 43,    149: 304,    151: 50,    157: 347,    159: 15,    165: 84,    167: 5  
173: 207,    181: 421,    183: 24,    189: 770,    191: 149

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DP-2, Sheet #4, Entity 1            Attached to 990-PF Pg 1 Entity 1    Box Cnt 26

31: 31,    39: 7952,    41: 32,    49: 700,    51: 33,    59: 1745,    61: 34,    69: 2295  
71: 35,    79: 640,    81: 36,    89: 220,    91: 37,    99: 2034,    125: 1054,    127: 204  
133: 636,    135: 26,    141: 1305,    143: 176,    149: 230,    151: 826,    157: 64  
159: 230,    165: 37,    167: 122

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X-5, Sheet #1, Entity 1            Box Cnt 3

30: "1",    41: "7",    75: 500

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GEN-1, Sheet #1, Entity 1            Box Cnt 2

30: "CA",    40: "3087898"

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CA1, Sheet #1, Entity 1            Box Cnt 5

30: "1",    35: "1",    37: "X",    38: "D",    41: "Y"

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CA14, Sheet #1, Entity 1            Box Cnt 2

31: "0149704",    32: "3087898"



CRAIG W. HARRIS, CPA  
280 N. WESTLAKE BLVD., SUITE 130  
WESTLAKE VILLAGE, CA 91362  
(805) 557-0414 FAX (805) 557-0434

JUNE 23, 2021

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION  
11400 W. OLYMPIC BLVD. NO. 590  
LOS ANGELES, CA 90064

THE INFANT PARENT MENTAL HEALTH FOUNDATION:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION  
RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL  
REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND  
MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990-PF RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU  
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE  
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL  
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A  
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO  
US BY NOVEMBER 15, 2021.

FORM 990-PF HAS AN OVERPAYMENT OF \$500. THE ENTIRE  
OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR  
ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED  
ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM  
8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC  
RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN  
TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS  
POSSIBLE TO:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR \$75.00, PAYABLE TO  
DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED  
INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

CRAIG HARRIS

## Filing Instructions

**Prepared for:**

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION  
11400 W. OLYMPIC BLVD. NO. 590  
LOS ANGELES, CA 90064

**Prepared by:**

CRAIG W. HARRIS, CPA  
280 N. WESTLAKE BLVD., SUITE 130  
WESTLAKE VILLAGE, CA 91362

**2020 FORM 990-PF**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2021.

FORM 990-PF HAS AN OVERPAYMENT OF \$500. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

**2020 CALIFORNIA FORM 199**

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

## Filing Instructions

**Prepared for:**

THE INFANT PARENT MENTAL HEALTH  
FOUNDATION  
11400 W. OLYMPIC BLVD. NO. 590  
LOS ANGELES, CA 90064

**Prepared by:**

CRAIG W. HARRIS, CPA  
280 N. WESTLAKE BLVD., SUITE 130  
WESTLAKE VILLAGE, CA 91362

2020 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 75.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$75.00, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>	Taxpayer identification number <b>26-2055149</b>
---	---

Name and title of officer or person subject to tax  
**MICHAEL NEIDORF**  
**CFO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____ <b>0.</b>
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **CRAIG W. HARRIS, CPA** to enter my PIN **55149**  
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**96487512345**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2020 or tax year beginning

, and ending

Name of foundation <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>		<b>A Employer identification number</b> <b>26-2055149</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>11400 W. OLYMPIC BLVD.</b>	Room/suite <b>590</b>	<b>B Telephone number</b> <b>310 481 5000</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LOS ANGELES, CA 90064</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>572,043.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
		(Part I, column (d), must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	553,670.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	186.	186.	186.	STATEMENT 1
	<b>5a</b> Gross rents .....	5,860.	5,860.	5,860.	STATEMENT 2
	<b>b</b> Net rental income or (loss) <b>5,860.</b>				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a .....				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....			0.	
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	98,059.	0.	98,059.	STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	657,775.	6,046.	104,105.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.	0.	0.
	<b>14</b> Other employee salaries and wages .....	322,990.	0.	51,678.	271,312.
	<b>15</b> Pension plans, employee benefits .....	28,550.	0.	4,568.	23,982.
	<b>16a</b> Legal fees <b>STMT 4</b> .....	3,017.	0.	483.	2,534.
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees <b>STMT 5</b> .....	11,718.	0.	1,875.	9,843.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 6</b> .....	32,568.	0.	5,211.	27,357.
	<b>19</b> Depreciation and depletion .....	8,332.	0.	9,154.	
	<b>20</b> Occupancy .....	85,485.	6,046.	13,678.	65,761.
	<b>21</b> Travel, conferences, and meetings .....	1,012.	0.	162.	850.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses <b>STMT 7</b> .....	92,492.	0.	14,799.	77,693.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	586,164.	6,046.	101,608.	479,332.
	<b>25</b> Contributions, gifts, grants paid .....	0.			0.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	586,164.	6,046.	101,608.	479,332.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ..	71,611.				
<b>b</b> Net investment income (if negative, enter -0-)		0.			
<b>c</b> Adjusted net income (if negative, enter -0-)			2,497.		

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

Form 990-PF (2020)

26-2055149

Page 2

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	206,636.	345,025.	345,025.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans .....			
	13 Investments - other .....			
	14 Land, buildings, and equipment: basis ▶ <b>345,258.</b> Less: accumulated depreciation <b>STMT 8</b> ▶ <b>124,240.</b>	227,316.	221,018.	221,018.
15 Other assets (describe ▶ <b>DEPOSITS</b> )	6,207.	6,000.	6,000.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	<b>440,159.</b>	<b>572,043.</b>	<b>572,043.</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <b>PPP LOAN</b> )	0.	60,273.	
23 <b>Total liabilities</b> (add lines 17 through 22)	0.	60,273.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds .....	440,159.	511,770.	
	29 <b>Total net assets or fund balances</b> .....	<b>440,159.</b>	<b>511,770.</b>	
30 <b>Total liabilities and net assets/fund balances</b> .....	<b>440,159.</b>	<b>572,043.</b>		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) .....	1	440,159.
2 Enter amount from Part I, line 27a .....	2	71,611.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	511,770.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	511,770.

Form **990-PF** (2020)

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

Form 990-PF (2020)

26-2055149 Page 3

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss) <span style="font-size: 2em;">}</span> <small>If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</small>	2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): <small>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8</small>	3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

2	Reserved .....	2	
3	Reserved .....	3	
4	Reserved .....	4	
5	Reserved .....	5	
6	Reserved .....	6	
7	Reserved .....	7	
8	Reserved .....	8	

Form 990-PF (2020)



**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	0.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	500.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d		7	500.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	500.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 500.   <b>Refunded</b>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>CA</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

THE INFANT PARENT MENTAL HEALTH FOUNDATION

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW.WELLBABYCENTER.ORG</b>	X	
14 The books are in care of <b>PERRY, NEIDORF &amp; GRASSL, LLP</b> Telephone no. <b>310 481 5000</b> Located at <b>11400 W. OLYMPIC BLVD., #590, LOS ANGELES, CA</b> ZIP+4 <b>90064</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here		N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>		<b>X</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DEBORAH GROENING 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	PRESIDENT & VICE-PRESIDENT 40.00	0.	0.	0.
MICHAEL NEIDORF 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	C.F.O. & SECRETARY 0.00	0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total** number of other employees paid over \$50,000 0



THE INFANT PARENT MENTAL HEALTH  
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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	0.
b	Average of monthly cash balances .....	1b	290,428.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	290,428.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	290,428.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	4,356.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	286,072.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	14,304.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	
4	Recoveries of amounts treated as qualifying distributions .....	4	
5	Add lines 3 and 4 .....	5	
6	Deduction from distributable amount (see instructions) .....	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	479,332.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	479,332.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	479,332.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....				
<b>b</b> From 2016 .....				
<b>c</b> From 2017 .....				
<b>d</b> From 2018 .....				
<b>e</b> From 2019 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ .....				
<b>a</b> Applied to 2019, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2020 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ...				
<b>b</b> Excess from 2017 ...				
<b>c</b> Excess from 2018 ...				
<b>d</b> Excess from 2019 ...				
<b>e</b> Excess from 2020 ...				

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶ 08/12/08

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	2,497.	7,883.	0.	0.	10,380.
<b>b</b> 85% of line 2a	2,122.	6,701.	0.	0.	8,823.
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed	479,332.	431,935.	472,965.	499,775.	1,884,007.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	479,332.	431,935.	472,965.	499,775.	1,884,007.
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets		440,159.	348,257.	328,898.	1,117,314.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)		440,159.	348,257.	328,898.	1,117,314.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					0.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)		649,279.	605,351.	669,595.	1,924,225.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)		649,279.	605,351.	669,595.	1,924,225.
<b>(3)</b> Largest amount of support from an exempt organization		395,000.	341,000.	295,000.	1,031,000.
<b>(4)</b> Gross investment income					0.

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

DEBORAH GROENING

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

DEBORAH GROENING

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

THE INFANT PARENT MENTAL HEALTH  
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**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NONE				
<b>Total</b> .....				<b>3a</b> 0.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....				<b>3b</b> 0.







**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

Employer identification number

**26-2055149**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (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, 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 ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>	Employer identification number <b>26-2055149</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CHILDREN WE LOVE FOUNDATION 11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064	\$ 486,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	CEDARS SINAI 11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LA COUNTY COVID RELIEF FUND 11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>	Employer identification number <b>26-2055149</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>	Employer identification number <b>26-2055149</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NIAC	186.	0.	186.	186.	186.
TO PART I, LINE 4	186.	0.	186.	186.	186.

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
VENICE FAMILY CLINIC	1	5,400.
MISCELLANEOUS	2	460.
TOTAL TO FORM 990-PF, PART I, LINE 5A		5,860.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
COMMUNITY PROGRAM FEES	3,573.	0.	3,573.
COUNSELING	94,486.	0.	94,486.
TOTAL TO FORM 990-PF, PART I, LINE 11	98,059.	0.	98,059.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,017.	0.	483.	2,534.
TO FM 990-PF, PG 1, LN 16A	3,017.	0.	483.	2,534.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES	1,655.	0.	265.	1,390.	
OUTSIDE SERVICES	10,063.	0.	1,610.	8,453.	
TO FORM 990-PF, PG 1, LN 16C	11,718.	0.	1,875.	9,843.	

FORM 990-PF	TAXES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAXES & LICENSES	32,568.	0.	5,211.	27,357.	
TO FORM 990-PF, PG 1, LN 18	32,568.	0.	5,211.	27,357.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANKING COSTS	4,428.	0.	708.	3,720.	
INSURANCE	45,101.	0.	7,216.	37,885.	
MESSENGER	321.	0.	51.	270.	
OFFICE SUPPLIES	4,727.	0.	756.	3,971.	
PARKING	1,780.	0.	285.	1,495.	
POSTAGE	87.	0.	14.	73.	
PROTECTION AND BURGLAR ALARM EXPENSE	1,311.	0.	210.	1,101.	
PUBLICITY	4,717.	0.	755.	3,962.	
UTILITIES	5,373.	0.	860.	4,513.	
MAINTENANCE & REPAIRS	7,524.	0.	1,204.	6,320.	
TELEPHONE	9,855.	0.	1,577.	8,278.	
WEBSITE COSTS	3,799.	0.	608.	3,191.	
RENT-EQUIPMENT	3,469.	0.	555.	2,914.	
TO FORM 990-PF, PG 1, LN 23	92,492.	0.	14,799.	77,693.	



## FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	18,652.	18,652.	0.
LEASEHOLD IMPROVEMENTS	273,867.	76,960.	196,907.
FURNITURE	1,083.	1,083.	0.
COMPUTER EQUIPMENT	1,505.	1,505.	0.
COMPUTER EQUIPMENT	1,176.	1,176.	0.
FURNITURE	2,313.	2,313.	0.
COMPUTER EQUIPMENT	1,277.	1,277.	0.
COMPUTER SOFTWARE	428.	428.	0.
FURNITURE	207.	207.	0.
OFFICE EQUIPMENT	604.	604.	0.
COMPUTER SOFTWARE	1,349.	1,349.	0.
LEASEHOLD IMPROVEMENTS	6,457.	1,695.	4,762.
FURNITURE	2,500.	2,500.	0.
FURNITURE	350.	350.	0.
FURNITURE	340.	340.	0.
COMPUTER EQUIPMENT	1,519.	1,519.	0.
COMPUTER EQUIPMENT	75.	75.	0.
COMPUTER SOFTWARE	149.	149.	0.
OFFICE EQUIPMENT	281.	280.	1.
LEASEHOLD IMPROVEMENTS	1,567.	295.	1,272.
OFFICE EQUIPMENT	1,149.	1,149.	0.
LEASEHOLD IMPROVEMENTS	2,075.	382.	1,693.
OFFICE EQUIPMENT	53.	52.	1.
LEASEHOLD IMPROVEMENTS	1,688.	306.	1,382.
LEASEHOLD IMPROVEMENTS	1,957.	356.	1,601.
FURNITURE	400.	392.	8.
FURNITURE	100.	96.	4.
COMPUTER EQUIPMENT	225.	225.	0.
OFFICE EQUIPMENT	506.	496.	10.
LEASEHOLD IMPROVEMENTS	5,820.	925.	4,895.
LEASEHOLD IMPROVEMENTS	7,952.	1,250.	6,702.
COMPUTER EQUIPMENT	700.	699.	1.
COMPUTER EQUIPMENT	1,745.	1,593.	152.
COMPUTER EQUIPMENT	2,295.	2,295.	0.
COMPUTER EQUIPMENT	640.	640.	0.
COMPUTER SOFTWARE	220.	220.	0.
COMPUTER EQUIPMENT	2,034.	407.	1,627.
TOTAL TO FM 990-PF, PART II, LN 14	345,258.	124,240.	221,018.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis*	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE	01/01/10	200DB	7.00	HY17		18,652.				18,652.	18,652.		0.	18,652.
2	LEASEHOLD IMPROVEMENTS	01/01/10	SL	39.00	MM17		273,867.				273,867.	69,938.		7,022.	76,960.
3	FURNITURE	01/14/10	200DB	7.00	HY17		1,083.				1,083.	1,083.		0.	1,083.
4	COMPUTER EQUIPMENT	01/14/10	200DB	5.00	HY17		1,505.				1,505.	1,505.		0.	1,505.
5	COMPUTER EQUIPMENT	02/24/10	200DB	5.00	HY17		1,176.				1,176.	1,176.		0.	1,176.
6	FURNITURE	03/04/10	200DB	7.00	HY17		2,313.				2,313.	2,313.		0.	2,313.
7	COMPUTER EQUIPMENT	03/15/10	200DB	5.00	HY17		1,277.				1,277.	1,277.		0.	1,277.
8	COMPUTER SOFTWARE	03/23/10	197	36M	HY43		428.				428.	428.		0.	428.
9	FURNITURE	04/21/10	200DB	7.00	HY17		207.				207.	207.		0.	207.
10	OFFICE EQUIPMENT	04/22/10	200DB	7.00	HY17		604.				604.	604.		0.	604.
11	COMPUTER SOFTWARE	10/13/10	197	36M	HY43		1,349.				1,349.	1,349.		0.	1,349.
12	LEASEHOLD IMPROVEMENTS	10/18/10	SL	39.00	MM17		6,457.				6,457.	1,529.		166.	1,695.
13	FURNITURE	10/21/10	200DB	7.00	HY17		2,500.				2,500.	2,500.		0.	2,500.
14	FURNITURE	11/10/10	200DB	7.00	HY17		350.				350.	350.		0.	350.
15	FURNITURE	12/14/10	200DB	7.00	HY17		340.				340.	340.		0.	340.
16	COMPUTER EQUIPMENT	06/15/11	200DB	5.00	HY17		1,519.			1,519.				0.	
17	COMPUTER EQUIPMENT	07/12/11	200DB	5.00	HY17		75.			75.				0.	
18	COMPUTER SOFTWARE	02/06/12	197	36M	HY43		149.				149.	149.		0.	149.

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis*	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	OFFICE EQUIPMENT	08/13/13	200DB	7.00	HYL7		281.			141.	140.	133.		6.	139.
20	LEASEHOLD IMPROVEMENTS	08/16/13	SL	39.00	MM17		1,567.				1,567.	255.		40.	295.
21	OFFICE EQUIPMENT	09/12/13	200DB	7.00	HYL7		1,149.			575.	574.	548.		26.	574.
22	LEASEHOLD IMPROVEMENTS	10/02/13	SL	39.00	MM17		2,075.				2,075.	329.		53.	382.
23	OFFICE EQUIPMENT	10/16/13	200DB	7.00	HYL7		53.			27.	26.	24.		1.	25.
24	LEASEHOLD IMPROVEMENTS	11/19/13	SL	39.00	MM17		1,688.				1,688.	263.		43.	306.
25	LEASEHOLD IMPROVEMENTS	11/19/13	SL	39.00	MM17		1,957.				1,957.	306.		50.	356.
26	FURNITURE	01/15/14	200DB	7.00	HYL7		400.			200.	200.	174.		18.	192.
27	FURNITURE	08/12/14	200DB	7.00	HYL7		100.			50.	50.	42.		4.	46.
28	COMPUTER EQUIPMENT	07/08/14	200DB	5.00	HYL7		225.			113.	112.	112.		0.	112.
29	OFFICE EQUIPMENT	08/19/14	200DB	7.00	HYL7		506.			253.	253.	220.		23.	243.
30	LEASEHOLD IMPROVEMENTS	10/21/14	SL	39.00	MM17		5,820.				5,820.	776.		149.	925.
31	LEASEHOLD IMPROVEMENTS	11/04/14	SL	39.00	MM17		7,952.				7,952.	1,046.		204.	1,250.
32	COMPUTER EQUIPMENT	03/17/15	200DB	5.00	HYL7		700.			350.	350.	329.		20.	349.
33	COMPUTER EQUIPMENT	03/23/17	200DB	5.00	HYL7		1,745.			873.	872.	620.		100.	720.
34	COMPUTER EQUIPMENT	09/18/19	200DB	5.00	HYL7		2,295.			2,295.				0.	
35	COMPUTER EQUIPMENT	09/18/19	200DB	5.00	HYL7		640.			640.				0.	
36	COMPUTER SOFTWARE	09/18/19	200DB	3.00	HYL7		220.			220.				0.	

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis*	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	COMPUTER EQUIPMENT	09/16/20	200DB	5.00		HY19E	2,034.			7,331.	2,034.	108,577.		407.	407.
	* TOTAL 990-PF PG 1 DEPR & AMORT						345,258.			7,331.	337,927.	108,577.		8,332.	116,909.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						343,224.			7,331.	335,893.	108,577.			116,502.
	ACQUISITIONS						2,034.			0.	2,034.	0.			407.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						345,258.			7,331.	337,927.	108,577.			116,909.
	ENDING ACCUM DEPR											124,240.			
	ENDING BOOK VALUE											221,018.			

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property) 990-PF

OMB No. 1545-0172

**2020**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

**FORM 990-PF PAGE 1**

**26-2055149**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	7,925.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		2,034.	5 YRS.	HY	200DB	407.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	8,332.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**THE INFANT PARENT MENTAL HEALTH  
FOUNDATION**

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .....												
<b>31</b> Total commuting miles driven during the year .....												
<b>32</b> Total other personal (noncommuting) miles driven .....												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .....												
<b>34</b> Was the vehicle available for personal use during off-duty hours? .....	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....												
<b>36</b> Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? .....		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2020 tax year:					
<b>43</b> Amortization of costs that began before your 2020 tax year .....					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>

# California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name  
**THE INFANT PARENT MENTAL HEALTH FOUNDATION**

California corporation number  
**3087898**

Additional information. See instructions.  
FEIN  
**26-2055149**

Street address (suite or room)  
**11400 W. OLYMPIC BLVD., NO. 590**

City  
**LOS ANGELES**

State  
**CA**

ZIP code  
**90064**

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	104,105	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	553,670	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	657,775	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	657,775	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	587,200	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	70,575	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

**Sign Here**  
Signature of officer **C.F.O.** Title Date Telephone **310 481 5000**

**Paid Preparer's Use Only**  
Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  PTIN **P00748765**  
Firm's name (or yours, if self-employed) and address **CRAIG W. HARRIS, CPA  
280 N. WESTLAKE BLVD., SUITE 130  
WESTLAKE VILLAGE, CA 91362** Firm's FEIN Telephone **(805) 557-0414**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3	186	00	
	4	Gross rents	•	4	5,860	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income	•	7	98,059	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	104,105	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	0	00	
	12	Other salaries and wages	•	12	322,990	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	32,568	00
		15	Rents	•	15	85,485	00
		16	Depreciation and depletion (See instructions)	•	16	9,368	00
		17	Other expenses and disbursements	•	17	136,789	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	587,200	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		206,636		345,025
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments				
10	<b>a</b> Depreciable assets	343,224		345,258	
	<b>b</b> Less accumulated depreciation	(115,908)	227,316	(124,240)	221,018
11	Land				
12	Other assets <b>STMT 5</b>		6,207		6,000
13	<b>Total assets</b>		440,159		572,043
<b>Liabilities and net worth</b>					
14	Accounts payable				
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities <b>STMT 6</b>				60,273
19	Capital stock or principal fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		440,159		511,770
22	<b>Total liabilities and net worth</b>		440,159		572,043

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	71,611
2	Federal income tax	•	
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year	•	
5	Expenses recorded on books this year not deducted in this return	•	
6	<b>Total.</b> Add line 1 through line 5	•	71,611
7	Income recorded on books this year not included in this return	•	
8	Deductions in this return not charged against book income this year <b>STMT 7</b>	•	1,036
9	<b>Total.</b> Add line 7 and line 8	•	1,036
10	<b>Net income per return.</b> Subtract line 9 from line 6	•	70,575



CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
THE CHILDREN WE LOVE FOUNDATION	11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064		486,000.
CEDARS SINAI	11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064		50,000.
LA COUNTY COVID RELIEF FUND	11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064		15,000.
TOTAL INCLUDED ON LINE 3			551,000.

CA 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
COMMUNITY PROGRAM FEES	3,573.
COUNSELING	94,486.
TOTAL TO FORM 199, PART II, LINE 7	98,059.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT    3

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DEBORAH GROENING 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	PRESIDENT & VICE-PRESIDENT 40.00	0.
MICHAEL NEIDORF 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	C.F.O. & SECRETARY 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

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CA 199    OTHER EXPENSES    STATEMENT    4

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DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	28,550.
LEGAL FEES	3,017.
OTHER PROFESSIONAL FEES	11,718.
TRAVEL, CONFERENCES, AND MEETINGS	1,012.
BANKING COSTS	4,428.
INSURANCE	45,101.
MESSENGER	321.
OFFICE SUPPLIES	4,727.
PARKING	1,780.
POSTAGE	87.
PROTECTION AND BURGLAR ALARM EXPENSE	1,311.
PUBLICITY	4,717.
UTILITIES	5,373.
MAINTENANCE & REPAIRS	7,524.
TELEPHONE	9,855.
WEBSITE COSTS	3,799.
RENT-EQUIPMENT	3,469.
TOTAL TO FORM 199, PART II, LINE 17	136,789.

CA 199	OTHER ASSETS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEPOSITS		6,207.	6,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		6,207.	6,000.

CA 199	OTHER LIABILITIES	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PPP LOAN		0.	60,273.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		0.	60,273.

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		1,036.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		1,036.	

**Corporation Depreciation and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 26-2055149

Corporation name

**THE INFANT PARENT MENTAL HEALTH FOUNDATION**

California corporation number

3087898

**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	1	\$25,000
2 Total cost of IRC Section 179 property placed in service .....	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	5	
<b>6 (a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
7 Listed property (elected IRC Section 179 cost) .....	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10 Carryover of disallowed deduction from prior taxable years .....	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	12	
13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12 .....	13	

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	343,332.	108,025.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) .....	15					9,368	

**Part III Summary**

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) .....	16	9,368
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	17	8,332
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) .....	18	1,036

**Part IV Amortization**

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19 8 COMPUTER SOFTWARE	03/23/10	428	428	197	36M	0
11 COMPUTER SOFTWARE	10/13/10	1,349	1,349	197	36M	0
18 COMPUTER SOFTWARE	02/06/12	149	149	197	36M	0
20 Total. Add the amounts in column (g) .....	20					
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....	21					
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12 .....	22					

CA 3885		DEPRECIATION				STATEMENT	8
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 FURNITURE	01/01/10	18,652.	16,883.	200DB	7.00	0.	
2 LEASEHOLD IMPROVEMENTS	01/01/10	273,867.	70,220.	SL	39.00	7,022.	
3 FURNITURE	01/14/10	1,083.	980.	200DB	7.00	0.	
4 COMPUTER EQUIPMENT	01/14/10	1,505.	1,388.	200DB	5.00	0.	
5 COMPUTER EQUIPMENT	02/24/10	1,176.	1,082.	200DB	5.00	0.	
6 FURNITURE	03/04/10	2,313.	2,090.	200DB	7.00	0.	
7 COMPUTER EQUIPMENT	03/15/10	1,277.	1,174.	200DB	5.00	0.	
9 FURNITURE	04/21/10	207.	187.	200DB	7.00	0.	
10 OFFICE EQUIPMENT	04/22/10	604.	545.	200DB	7.00	0.	
12 LEASEHOLD IMPROVEMENTS	10/18/10	6,457.	1,522.	SL	39.00	166.	
13 FURNITURE	10/21/10	2,500.	2,259.	200DB	7.00	0.	
14 FURNITURE	11/10/10	350.	316.	200DB	7.00	0.	
15 FURNITURE	12/14/10	340.	308.	200DB	7.00	0.	
16 COMPUTER EQUIPMENT	06/15/11	1,519.	1,393.	200DB	5.00	0.	
17 COMPUTER EQUIPMENT	07/12/11	75.	69.	200DB	5.00	0.	
19 OFFICE EQUIPMENT	08/13/13	281.	248.	200DB	7.00	6.	
20 LEASEHOLD IMPROVEMENTS	08/16/13	1,567.	253.	SL	39.00	40.	
21 OFFICE EQUIPMENT	09/12/13	1,149.	1,010.	200DB	7.00	26.	
22 LEASEHOLD IMPROVEMENTS	10/02/13	2,075.	331.	SL	39.00	53.	
23 OFFICE EQUIPMENT	10/16/13	53.	46.	200DB	7.00	2.	
24 LEASEHOLD IMPROVEMENTS	11/19/13	1,688.	262.	SL	39.00	43.	
25 LEASEHOLD IMPROVEMENTS	11/19/13	1,957.	304.	SL	39.00	50.	
26 FURNITURE	01/15/14	400.	347.	200DB	7.00	15.	

27	FURNITURE						
		08/12/14	100.	84.	200DB	7.00	5.
28	COMPUTER EQUIPMENT						
		07/08/14	225.	207.	200DB	5.00	0.
29	OFFICE EQUIPMENT						
		08/19/14	506.	421.	200DB	7.00	24.
30	LEASEHOLD IMPROVEMENTS						
		10/21/14	5,820.	770.	SL	39.00	149.
31	LEASEHOLD IMPROVEMENTS						
		11/04/14	7,952.	1,054.	SL	39.00	204.
32	COMPUTER EQUIPMENT						
		03/17/15	700.	636.	200DB	5.00	6.
33	COMPUTER EQUIPMENT						
		03/23/17	1,745.	1,305.	200DB	5.00	176.
34	COMPUTER EQUIPMENT						
		09/18/19	2,295.	230.	200DB	5.00	826.
35	COMPUTER EQUIPMENT						
		09/18/19	640.	64.	200DB	5.00	230.
36	COMPUTER SOFTWARE						
		09/18/19	220.	37.	200DB	3.00	122.
37	COMPUTER EQUIPMENT						
		09/16/20	2,034.		200DB	5.00	203.
TOTAL TO FORM 3885			<u>343,332.</u>	<u>108,025.</u>			<u>9,368.</u>

TAXABLE YEAR  
**2020**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>	Identifying number <b>26-2055149</b>
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**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>657,775</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>657,775</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>587,200</b>

**Part II Settle Your Account Electronically for Taxable Year 2020**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**           \_\_\_\_\_           \_\_\_\_\_           **C.F.O.**

Signature of officer      Date      Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> <b>Must Sign</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN <b>P00748765</b>
	Firm's name (or yours if self-employed) and address <b>CRAIG W. HARRIS, CPA 280 N. WESTLAKE BLVD., SUITE 130 WESTLAKE VILLAGE, CA</b>				Firm's FEIN <b>91362</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> <b>Must Sign</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address _____			Firm's FEIN _____
				ZIP code _____

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><b>THE INFANT PARENT MENTAL HEALTH FOUNDATION</b>          Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><b>11400 W. OLYMPIC BLVD., NO. 590</b>          Address (Number and Street)</p> <p><b>LOS ANGELES, CA 90064</b>          City or Town, State, and ZIP Code</p> <p><b>310 481 5000</b>          Telephone Number</p> <p>_____ E-mail Address</p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT0149704</b></p> <p>Corporation or Organization No. <b>3087898</b></p> <p>Federal Employer ID No. <b>26-2055149</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020 ) list:

Gross Annual Revenue \$ <u>657,775</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>572,043</u>
Program Expenses \$ <u>586,164</u>	Total Expenses \$ <u>586,164</u>	

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<b>MICHAEL A. NEIDORF</b>	<b>C.F.O.</b>	Date
Signature of Authorized Agent	Printed Name	Title