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CLIENT'S COPY

CRAIG W. HARRIS, CPA  
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NOVEMBER 8, 2023

THE WELL FAMILY MARIAN PLACE FOUNDATION  
FKA THE INFANT PARENT MENTAL HEALTH FDN.  
11400 W. OLYMPIC BLVD. 590  
LOS ANGELES, CA 90064

THE WELL FAMILY MARIAN PLACE FOUNDATION :

ENCLOSED ARE THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION  
RETURN AND 2023 ESTIMATED TAX PAYMENT INFORMATION. THE STATE  
EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO  
ENCLOSED.

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-TE 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-TE TO  
US BY NOVEMBER 15, 2023.

FORM 990-PF HAS AN OVERPAYMENT OF \$113. THE ENTIRE  
OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

NO AMOUNT IS DUE ON FORM 990-PF.

ESTIMATED TAX PAYMENTS FOR FORM 990-PF:

FOR YOUR REFERENCE WE HAVE LISTED ALL ESTIMATED TAX PAYMENTS  
AND THEIR ORIGINAL DUE DATES BELOW.

INSTALLMENT NO. 2 BY 11/15/23	.....	\$7
INSTALLMENT NO. 3 BY 11/15/23	.....	\$60
INSTALLMENT NO. 4 BY 12/15/23	.....	\$60

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX  
PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE  
AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT  
1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME,  
THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING  
BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE  
DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY

FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

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 \$100.00, 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 W. HARRIS, CPA

## Filing Instructions

**Prepared for:**

THE WELL FAMILY MARIAN PLACE FOUNDAT  
FKA THE INFANT PARENT MENTAL HEALTH  
11400 W. OLYMPIC BLVD. 590  
LOS ANGELES, CA 90064

**Prepared by:**

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

**2022 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-TE 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-TE TO US BY NOVEMBER 15, 2023.

FORM 990-PF HAS AN OVERPAYMENT OF \$113. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

**2023 FORM 990-PF ESTIMATED TAX**

ESTIMATED TAX INSTALLMENTS ARE DUE AS FOLLOWS:

\$ 7 DUE BY NOVEMBER 15, 2023  
\$ 60 DUE BY NOVEMBER 15, 2023  
\$ 60 DUE BY DECEMBER 15, 2023

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS). TAXPAYERS CAN MAKE DEPOSITS ONLINE AT WWW.EFTPS.GOV OR BY CALLING EFTPS CUSTOMER SERVICE AT 1-800-555-4477. FOR DEPOSITS MADE BY EFTPS TO BE ON TIME, THE ORGANIZATION MUST INITIATE THE TRANSACTION DURING BUSINESS HOURS AT LEAST 1 BUSINESS DAY BEFORE THE DATE THE DEPOSIT IS DUE. IF YOU ARE USING ACH CREDIT OR SAME-DAY FEDWIRE METHODS, PLEASE CHECK WITH THE APPROPRIATE FINANCIAL INSTITUTION FOR THE DEADLINE TO ENSURE TIMELY TRANSMISSION OF FUNDS.

## Filing Instructions

**Prepared for:**

THE WELL FAMILY MARIAN PLACE FOUNDAT  
FKA THE INFANT PARENT MENTAL HEALTH  
11400 W. OLYMPIC BLVD. 590  
LOS ANGELES, CA 90064

**Prepared by:**

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

2022 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.

2022 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF .....\$ 100.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$100.00, 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

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN. EIN or SSN 26-2055149

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

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

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

as my signature on the tax year 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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 2022 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 11/08/23

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

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

Form 8879-TE (2022)

Form **990-W**  
 (Worksheet)

**Estimated Tax on Unrelated Business Taxable  
 Income for Tax-Exempt Organizations**

**2023**

(and on Investment Income for Private Foundations) FORM 990-PF

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1 .....	2	
3	Alternative minimum tax for trusts .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization does not need to make estimated tax payments .....	10a	
b	Enter the tax shown on the 2022 return. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	221.
c	<b>2023 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	240.

		(a)	(b)	(c)	(d)	
11	Installment due dates .....	11	05/15/23	06/15/23	09/15/23	12/15/23
12	Installments. Enter 25% of line 10c in columns (a) through (d) .....	12	60.	60.	60.	60.
13	2022 Overpayment .....	13	60.	53.		
14	Payment due (Subtract line 13 from line 12) .....	14		7.	60.	60.

Form **990-W**

ESTIMATED TAX 240.  
 OVERPAYMENT APPLIED 113.  
 AMOUNT DUE 127.

**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 2022 or tax year beginning

, and ending

Name of foundation <b>THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN.</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 checked="" 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>464,747.</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 .....	518,417.			
	<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 .....	2,172.	2,172.	2,172.	<b>STATEMENT 1</b>
	<b>4</b> Dividends and interest from securities .....				
	<b>5a</b> Gross rents .....	13,705.	13,705.	13,705.	<b>STATEMENT 2</b>
	<b>b</b> Net rental income or (loss) <b>13,705.</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 .....	111,408.	0.	111,408.	<b>STATEMENT 3</b>	
<b>12 Total.</b> Add lines 1 through 11 .....	645,702.	15,877.	127,285.		
<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 .....	343,887.	0.	61,900.	281,987.
	<b>15</b> Pension plans, employee benefits .....	31,458.	0.	5,662.	25,796.
	<b>16a</b> Legal fees <b>STMT 4</b> .....	145,388.	0.	26,170.	119,218.
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees <b>STMT 5</b> .....	58,696.	0.	10,566.	48,130.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 6</b> .....	36,168.	0.	6,510.	29,658.
	<b>19</b> Depreciation and depletion .....	8,168.	0.	9,178.	
	<b>20</b> Occupancy .....	90,690.	0.	16,324.	74,366.
	<b>21</b> Travel, conferences, and meetings .....	3,824.	0.	688.	3,136.
	<b>22</b> Printing and publications .....	2,185.	0.	393.	1,792.
	<b>23</b> Other expenses <b>STMT 7</b> .....	113,348.	0.	20,402.	92,946.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	833,812.	0.	157,793.	677,029.
	<b>25</b> Contributions, gifts, grants paid .....	0.			0.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	833,812.	0.	157,793.	677,029.	
<b>27 Subtract line 26 from line 12:</b>					
<b>a</b> Excess of revenue over expenses and disbursements ...	-188,110.				
<b>b Net investment income</b> (if negative, enter -0-)		15,877.			
<b>c Adjusted net income</b> (if negative, enter -0-)			0.		



**THE WELL FAMILY MARIAN PLACE FOUNDATION  
FKA THE INFANT PARENT MENTAL HEALTH FDN.**

Form 990-PF (2022)

26-2055149

Page 2

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	160,861.	65,795.	65,795.
	2 Savings and temporary cash investments .....	273,027.	188,200.	188,200.
	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 .....	449.	400.	400.
	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 <span style="float:right">346,831.</span> .....				
Less: accumulated depreciation <span style="float:right">STMT 8 142,479.</span> .....	212,520.	204,352.	204,352.	
15 Other assets (describe <span style="float:right">DEPOSITS</span> ) .....	6,000.	6,000.	6,000.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	652,857.	464,747.	464,747.	
<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 .....			
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	0.		
<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 .....	652,857.	464,747.	
29 <b>Total net assets or fund balances</b> .....	652,857.	464,747.		
30 <b>Total liabilities and net assets/fund balances</b> .....	652,857.	464,747.		

**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	652,857.
2 Enter amount from Part I, line 27a .....	2	-188,110.
3 Other increases not included in line 2 (itemize) .....	3	0.
4 Add lines 1, 2, and 3 .....	4	464,747.
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	464,747.

Form 990-PF (2022)

**THE WELL FAMILY MARIAN PLACE FOUNDATION  
FKA THE INFANT PARENT MENTAL HEALTH FDN.**

Form 990-PF (2022)

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	<b>NONE</b>		
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			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			
b			
c			
d			
e			
2	Capital gain net income or (net capital loss) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>		2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3

**Part V 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)		1	221.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	221.
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	221.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	334.	
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	334.
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 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	113.
11 Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> <span style="float: right;">113.</span> <b>Refunded</b>		11	0.

Form 990-PF (2022)

**Part VI-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
1b	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
1c	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. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
	If "Yes," attach a detailed description of the activities.		
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
4b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
	If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV .....	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <b>CA</b>		
8b	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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
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? .....	X	
	Website address <b>WWW.WELLBABYCENTER.ORG</b>		
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 <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....		N/A
16	At any time during calendar year 2022, 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? .....		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-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
<b>1a</b> 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? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(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)? .....	1a(5)	X
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) .....	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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 .....	1b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> 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 2022? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 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 2022.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2022? .....	4b	X

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

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

**Part VII 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
SEE STATEMENT 9		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

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services .....		0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 EARLY INTERVENTION AND PREVENTION PROGRAM FOR INFANT/PARENT MENTAL HEALTH COUNSELING SESSIONS.	0.
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3 .....	0.

**Part IX 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	18,079.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	18,079.
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	18,079.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	271.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	17,808.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	890.

**Part X 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 IX, line 6 .....	1	
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	
b	Income tax for 2022. (This does not include the tax from Part V.) .....	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 XII, line 1 .....	7	

**Part XI 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	677,029.
b	Program-related investments - total from Part VIII-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 XII, line 4 .....	4	677,029.

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

N/A

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....				
<b>b</b> From 2018 .....				
<b>c</b> From 2019 .....				
<b>d</b> From 2020 .....				
<b>e</b> From 2021 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ .....				
<b>a</b> Applied to 2021, 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 2022 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2022 (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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				
<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 2017 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...				
<b>b</b> Excess from 2019 ...				
<b>c</b> Excess from 2020 ...				
<b>d</b> Excess from 2021 ...				
<b>e</b> Excess from 2022 ...				



**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0.	876.	2,497.	7,883.	11,256.
<b>b</b> 85% (0.85) of line 2a	0.	745.	2,122.	6,701.	9,568.
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed	677,029.	492,277.	479,332.	431,935.	2,080,573.
<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	677,029.	492,277.	479,332.	431,935.	2,080,573.
<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.	440,159.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				440,159.	440,159.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, 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.	649,279.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				649,279.	649,279.
<b>(3)</b> Largest amount of support from an exempt organization				395,000.	395,000.
<b>(4)</b> Gross investment income					0.

**Part XIV 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-ROTHER

**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-ROTHER

**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 WELL FAMILY MARIAN PLACE FOUNDATION  
 FKA THE INFANT PARENT MENTAL HEALTH FDN.

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**Part XIV** 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>	<b>0.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	<b>0.</b>

Form 990-PF (2022)





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN.</b>	Employer identification number <b>26-2055149</b>
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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), 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), 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).

Name of organization <b>THE WELL FAMILY MARIAN PLACE FOUNDATION                  FKA THE INFANT PARENT MENTAL HEALTH FDN.</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	\$ 463,000.	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	\$ 55,000.	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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WELL FAMILY MARIAN PLACE FOUNDATION                  FKA THE INFANT PARENT MENTAL HEALTH FDN.</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 WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN.</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 INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1			
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CNI	2,172.	2,172.	2,172.
TOTAL TO PART I, LINE 3	2,172.	2,172.	2,172.

FORM 990-PF RENTAL INCOME STATEMENT 2			
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
VENICE FAMILY CLINIC	1	12,000.	
MISCELLANEOUS	2	1,705.	
TOTAL TO FORM 990-PF, PART I, LINE 5A		13,705.	

FORM 990-PF OTHER INCOME STATEMENT 3			
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
COMMUNITY PROGRAM FEES	10,163.	0.	10,163.
COUNSELING	101,245.	0.	101,245.
TOTAL TO FORM 990-PF, PART I, LINE 11	111,408.	0.	111,408.

FORM 990-PF LEGAL FEES STATEMENT 4				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	145,388.	0.	26,170.	119,218.
TO FM 990-PF, PG 1, LN 16A	145,388.	0.	26,170.	119,218.

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	6,554.	0.	1,180.	5,374.	
OUTSIDE SERVICES	52,142.	0.	9,386.	42,756.	
TO FORM 990-PF, PG 1, LN 16C	58,696.	0.	10,566.	48,130.	

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	36,168.	0.	6,510.	29,658.	
TO FORM 990-PF, PG 1, LN 18	36,168.	0.	6,510.	29,658.	

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	5,723.	0.	1,030.	4,693.	
INSURANCE	51,315.	0.	9,237.	42,078.	
MESSENGER	56.	0.	10.	46.	
OFFICE SUPPLIES	6,924.	0.	1,246.	5,678.	
PARKING	3,533.	0.	636.	2,897.	
POSTAGE	236.	0.	42.	194.	
PROTECTION AND BURGLAR ALARM EXPENSE	464.	0.	84.	380.	
PUBLICITY	8,126.	0.	1,463.	6,663.	
UTILITIES	11,441.	0.	2,059.	9,382.	
MAINTENANCE & REPAIRS	10,567.	0.	1,902.	8,665.	
TELEPHONE	6,447.	0.	1,160.	5,287.	
WEBSITE COSTS	4,688.	0.	844.	3,844.	
RENT-EQUIPMENT	3,828.	0.	689.	3,139.	
TO FORM 990-PF, PG 1, LN 23	113,348.	0.	20,402.	92,946.	

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

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	18,652.	18,652.	0.
LEASEHOLD IMPROVEMENTS	273,867.	91,004.	182,863.
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.	2,027.	4,430.
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.	375.	1,192.
OFFICE EQUIPMENT	1,149.	1,149.	0.
LEASEHOLD IMPROVEMENTS	2,075.	488.	1,587.
OFFICE EQUIPMENT	53.	52.	1.
LEASEHOLD IMPROVEMENTS	1,688.	392.	1,296.
LEASEHOLD IMPROVEMENTS	1,957.	456.	1,501.
FURNITURE	400.	400.	0.
FURNITURE	100.	98.	2.
COMPUTER EQUIPMENT	225.	225.	0.
OFFICE EQUIPMENT	506.	506.	0.
LEASEHOLD IMPROVEMENTS	5,820.	1,223.	4,597.
LEASEHOLD IMPROVEMENTS	7,952.	1,658.	6,294.
COMPUTER EQUIPMENT	700.	699.	1.
COMPUTER EQUIPMENT	1,745.	1,743.	2.
COMPUTER EQUIPMENT	2,295.	2,295.	0.
COMPUTER EQUIPMENT	640.	640.	0.
COMPUTER SOFTWARE	220.	220.	0.
COMPUTER EQUIPMENT	2,034.	1,449.	585.
COMPUTER EQUIPMENT	1,573.	1,573.	0.
TOTAL TO FM 990-PF, PART II, LN 14	346,831.	142,479.	204,352.



HEIDI BENDETSON 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD OF DIRECTORS 0.00	0.	0.	0.
ED TRONICK, PHD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.	0.	0.
DORIE WEISS, PHD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.	0.	0.
ALESSIA GOTTLIEB, MD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.	0.	0.
TANDY PARKS, RN 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

2022 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
1	FURNITURE	01/01/10	200DB	7.00	HY	17	18,652.				18,652.	18,652.		0.	18,652.
2	LEASEHOLD IMPROVEMENTS	01/01/10	SL	39.00	MM	17	273,867.				273,867.	83,982.		7,022.	91,004.
3	FURNITURE	01/14/10	200DB	7.00	HY	17	1,083.				1,083.	1,083.		0.	1,083.
4	COMPUTER EQUIPMENT	01/14/10	200DB	5.00	HY	17	1,505.				1,505.	1,505.		0.	1,505.
5	COMPUTER EQUIPMENT	02/24/10	200DB	5.00	HY	17	1,176.				1,176.	1,176.		0.	1,176.
6	FURNITURE	03/04/10	200DB	7.00	HY	17	2,313.				2,313.	2,313.		0.	2,313.
7	COMPUTER EQUIPMENT	03/15/10	200DB	5.00	HY	17	1,277.				1,277.	1,277.		0.	1,277.
8	COMPUTER SOFTWARE	03/23/10	197	36M	HY	43	428.				428.	428.		0.	428.
9	FURNITURE	04/21/10	200DB	7.00	HY	17	207.				207.	207.		0.	207.
10	OFFICE EQUIPMENT	04/22/10	200DB	7.00	HY	17	604.				604.	604.		0.	604.
11	COMPUTER SOFTWARE	10/13/10	197	36M	HY	43	1,349.				1,349.	1,349.		0.	1,349.
12	LEASEHOLD IMPROVEMENTS	10/18/10	SL	39.00	MM	17	6,457.				6,457.	1,861.		166.	2,027.
13	FURNITURE	10/21/10	200DB	7.00	HY	17	2,500.				2,500.	2,500.		0.	2,500.
14	FURNITURE	11/10/10	200DB	7.00	HY	17	350.				350.	350.		0.	350.
15	FURNITURE	12/14/10	200DB	7.00	HY	17	340.				340.	340.		0.	340.
16	COMPUTER EQUIPMENT	06/15/11	200DB	5.00	HY	17	1,519.			1,519.				0.	
17	COMPUTER EQUIPMENT	07/12/11	200DB	5.00	HY	17	75.			75.				0.	
18	COMPUTER SOFTWARE	02/06/12	197	36M	HY	43	149.				149.	149.		0.	149.

2022 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
19	OFFICE EQUIPMENT	08/13/13	200DB	7.00	HY	17	281.			141.	140.	139.		0.	139.
20	LEASEHOLD IMPROVEMENTS	08/16/13	SL	39.00	MM	17	1,567.				1,567.	335.		40.	375.
21	OFFICE EQUIPMENT	09/12/13	200DB	7.00	HY	17	1,149.			575.	574.	574.		0.	574.
22	LEASEHOLD IMPROVEMENTS	10/02/13	SL	39.00	MM	17	2,075.				2,075.	435.		53.	488.
23	OFFICE EQUIPMENT	10/16/13	200DB	7.00	HY	17	53.			27.	26.	25.		0.	25.
24	LEASEHOLD IMPROVEMENTS	11/19/13	SL	39.00	MM	17	1,688.				1,688.	349.		43.	392.
25	LEASEHOLD IMPROVEMENTS	11/19/13	SL	39.00	MM	17	1,957.				1,957.	406.		50.	456.
26	FURNITURE	01/15/14	200DB	7.00	HY	17	400.			200.	200.	200.		0.	200.
27	FURNITURE	08/12/14	200DB	7.00	HY	17	100.			50.	50.	48.		0.	48.
28	COMPUTER EQUIPMENT	07/08/14	200DB	5.00	HY	17	225.			113.	112.	112.		0.	112.
29	OFFICE EQUIPMENT	08/19/14	200DB	7.00	HY	17	506.			253.	253.	253.		0.	253.
30	LEASEHOLD IMPROVEMENTS	10/21/14	SL	39.00	MM	17	5,820.				5,820.	1,074.		149.	1,223.
31	LEASEHOLD IMPROVEMENTS	11/04/14	SL	39.00	MM	17	7,952.				7,952.	1,454.		204.	1,658.
32	COMPUTER EQUIPMENT	03/17/15	200DB	5.00	HY	17	700.			350.	350.	349.		0.	349.
33	COMPUTER EQUIPMENT	03/23/17	200DB	5.00	HY	17	1,745.			873.	872.	820.		50.	870.
34	COMPUTER EQUIPMENT	09/18/19	200DB	5.00	HY	17	2,295.			2,295.				0.	
35	COMPUTER EQUIPMENT	09/18/19	200DB	5.00	HY	17	640.			640.				0.	
36	COMPUTER SOFTWARE	09/18/19	200DB	3.00	HY	17	220.			220.				0.	





California Exempt Organization Annual Information Return

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN. California corporation number 3087898

Additional information. See instructions. FEIN 26-2055149

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

City LOS ANGELES State CA ZIP code 90064

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

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes columns for line number, description, and amount. Total gross income is 645,702.00. Total expenses are 834,637.00. Balance due is 188,935.00.

Sign Here Signature of officer C.F.O. Date 11/08/23 Telephone 310 481 5000 Preparer's signature CRAIG W. HARRIS, CPA Date 11/08/23 Check if self-employed [X] PTIN P00748765 Firm's name and address 280 N. WESTLAKE BLVD., SUITE 130 WESTLAKE VILLAGE, CA 91362 Telephone (805) 557-0414



CA 199 CASH CONTRIBUTIONS STATEMENT 1  
INCLUDED ON PART I, LINE 3

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		463,000.
CEDARS SINAI	11400 W. OLYMPIC BLVD., SUITE 590 LOS ANGELES, CA 90064		55,000.
TOTAL INCLUDED ON LINE 3			518,000.

CA 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
COMMUNITY PROGRAM FEES	10,163.
COUNSELING	101,245.
TOTAL TO FORM 199, PART II, LINE 7	111,408.

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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-ROTHER 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.
DONNA RABIN 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	EXECUTIVE DIRECTOR 40.00	0.
SCARLETT PACHECO 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADMINISTRATIVE MANAGER 40.00	0.
JILLIAN PLOTNER, ACSW 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	PROGRAM MANAGER 40.00	0.
KAYLA ABLES 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	SCHEDULING COORDINATOR 40.00	0.
PAUL ROTHER 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD TREASURER 0.00	0.
CAROL A. CASSELLA 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD CHAIRPERSON 0.00	0.
CYNTHIA AMBRES, MC 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	PHYSICIAN AND HEALTHCARE A 0.00	0.
KATHY COHEN 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD OF DIRECTORS 0.00	0.
CHRIS LIEBER 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD OF DIRECTORS 0.00	0.

HEIDI BENDETSON 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	BOARD OF DIRECTORS 0.00	0.
ED TRONICK, PHD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.
DORIE WEISS, PHD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.
ALESSIA GOTTLIEB, MD 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.
TANDY PARKS, RN 11400 W. OLYMPIC BLVD., #590 LOS ANGELES, CA 90064	ADVISORY BOARD 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	AMOUNT
PENSION PLANS, EMPLOYEE BENEFITS	31,458.
LEGAL FEES	145,388.
OTHER PROFESSIONAL FEES	58,696.
TRAVEL, CONFERENCES, AND MEETINGS	3,824.
PRINTING AND PUBLICATIONS	2,185.
BANKING COSTS	5,723.
INSURANCE	51,315.
MESSENGER	56.
OFFICE SUPPLIES	6,924.
PARKING	3,533.
POSTAGE	236.
PROTECTION AND BURGLAR ALARM EXPENSE	464.
PUBLICITY	8,126.
UTILITIES	11,441.
MAINTENANCE & REPAIRS	10,567.
TELEPHONE	6,447.
WEBSITE COSTS	4,688.
RENT-EQUIPMENT	3,828.
TOTAL TO FORM 199, PART II, LINE 17	354,899.

CA 199	NET NOTES RECEIVABLE	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
LOANS TO OFFICERS, DIRECTORS, TRUSTEES AND OTHER KEY EMPLOYEES		449.	400.
TOTAL TO FORM 199, SCHEDULE L, LINE 3		449.	400.

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

CA 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPRECIATION		825.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8		825.	

**Corporation Depreciation  
and Amortization**

Attach to Form 100 or Form 100W.

**FORM 199**

**FEIN 26-2055149**

Corporation name <b>THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN.</b>	California corporation number <b>3087898</b>
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**Part I Election To Expense Certain Property Under IRC Section 179**

1 Maximum deduction under IRC Section 179 for California .....	<b>1</b>	\$25,000
2 Total cost of IRC Section 179 property placed in service .....	<b>2</b>	
3 Threshold cost of IRC Section 179 property before reduction in limitation .....	<b>3</b>	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- .....	<b>5</b>	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
6		
7 Listed property (elected IRC Section 179 cost) .....	<b>7</b>	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 .....	<b>8</b>	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from prior taxable years .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2023. Add line 9 and line 10, less line 12 .....	<b>13</b>	

**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							
<b>SEE STATEMENT</b>	<b>8</b>	<b>344,905.</b>	<b>127,171.</b>				
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) .....						<b>15</b>	<b>8,993</b>

**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) .....	<b>16</b>	<b>8,993</b>
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 .....	<b>17</b>	<b>8,168</b>
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.) .....	<b>18</b>	<b>825</b>

**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 <b>8 COMPUTER SOFTWARE</b>	<b>03/23/10</b>	<b>428</b>	<b>428</b>	<b>197</b>	<b>36M</b>	<b>0</b>
<b>11 COMPUTER SOFTWARE</b>	<b>10/13/10</b>	<b>1,349</b>	<b>1,349</b>	<b>197</b>	<b>36M</b>	<b>0</b>
<b>18 COMPUTER SOFTWARE</b>	<b>02/06/12</b>	<b>149</b>	<b>149</b>	<b>197</b>	<b>36M</b>	<b>0</b>
20 Total. Add the amounts in column (g) .....						<b>20</b>
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 .....						<b>21</b>
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 .....						<b>22</b>

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.	84,264.	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.	1,854.	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.	254.	200DB	7.00	0.	
20 LEASEHOLD IMPROVEMENTS	08/16/13	1,567.	333.	SL	39.00	40.	
21 OFFICE EQUIPMENT	09/12/13	1,149.	1,036.	200DB	7.00	0.	
22 LEASEHOLD IMPROVEMENTS	10/02/13	2,075.	437.	SL	39.00	53.	
23 OFFICE EQUIPMENT	10/16/13	53.	48.	200DB	7.00	0.	
24 LEASEHOLD IMPROVEMENTS	11/19/13	1,688.	348.	SL	39.00	43.	
25 LEASEHOLD IMPROVEMENTS	11/19/13	1,957.	404.	SL	39.00	50.	
26 FURNITURE	01/15/14	400.	362.	200DB	7.00	0.	



27	FURNITURE						
	08/12/14	100.	91.	200DB	7.00	0.	
28	COMPUTER EQUIPMENT						
	07/08/14	225.	207.	200DB	5.00	0.	
29	OFFICE EQUIPMENT						
	08/19/14	506.	457.	200DB	7.00	0.	
30	LEASEHOLD IMPROVEMENTS						
	10/21/14	5,820.	1,068.	SL	39.00	149.	
31	LEASEHOLD IMPROVEMENTS						
	11/04/14	7,952.	1,462.	SL	39.00	204.	
32	COMPUTER EQUIPMENT						
	03/17/15	700.	642.	200DB	5.00	0.	
33	COMPUTER EQUIPMENT						
	03/23/17	1,745.	1,587.	200DB	5.00	16.	
34	COMPUTER EQUIPMENT						
	09/18/19	2,295.	1,552.	200DB	5.00	297.	
35	COMPUTER EQUIPMENT						
	09/18/19	640.	432.	200DB	5.00	83.	
36	COMPUTER SOFTWARE						
	09/18/19	220.	200.	200DB	3.00	10.	
37	COMPUTER EQUIPMENT						
	09/16/20	2,034.	935.	200DB	5.00	440.	
38	COMPUTER EQUIPMENT						
	03/08/21	1,573.	524.	200DB	5.00	420.	
TOTAL TO FORM 3885		<u>344,905.</u>	<u>127,171.</u>			<u>8,993.</u>	

TAXABLE YEAR  
**2022**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>THE WELL FAMILY MARIAN PLACE FOUNDATION FKA THE INFANT PARENT MENTAL HEALTH FDN.</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>645,702</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>645,702</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>834,637</b>

**Part II Settle Your Account Electronically for Taxable Year 2022**

<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 2022 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, 2022 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> 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>
<b>Must Sign</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 ZIP code <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> Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b> 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

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.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**THE WELL FAMILY MARIAN PLACE FOUNDATION  
FKA THE INFANT PARENT MENTAL HEALTH FDN.**  
Name of Organization

List all DBAs and names the organization uses or has used

**11400 W. OLYMPIC BLVD., NO. 590**  
Address (Number and Street)

**LOS ANGELES, CA 90064**  
City or Town, State, and ZIP Code

**310 481 5000**  
Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number **CT0149704**

Corporation or Organization No. **3087898**

Federal Employer ID No. **26-2055149**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2022 ending 12/31/2022) list:

Total Revenue (including noncash contributions) \$ 645,702 Noncash Contributions \$ 0 Total Assets \$ 464,747  
Program Expenses \$ 677,029 Total Expenses \$ 833,812

**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.**

**MICHAEL A. NEIDORF**

**C.F.O.**

Signature of Authorized Agent

Printed Name

Title

Date