# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2022 calendar year, or tax year beginning	and	ending						
B c	heck if oplicable	C Name of organization			D Employer identific	cation number				
	Addres change	THE SUNSHINE KIDS FOUNDATION								
	Name change	Doing business as			76-0020802					
	Initial return Final	Number and street (or P.O. box if mail is not delive 2814 VIRGINIA STREET	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite							
	Ireturn/ termin- ated	City or town, state or province, country, and ZII	2 or foreign postal code		G Gross receipts \$	5,259,052.				
	Amend Seturn		- or toraigh postar code		H(a) Is this a group re	<del></del>				
一	Applica tion			? Yes X No						
\$	pendin	SAME AS C ABOVE			H(b) Are all subordinates in					
l T	97.070	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527		list, See instructions				
	Vebsit		(1130111102) 10 12 (4)(1)	01 <u>[ ] 0</u> 21	H(c) Group exemption					
			clation Other	1 Vear		✓ State of legal domicile: ™				
		Summary		1 <b>3</b> 1001	or formation.	a cuto or logar commune.				
	1 1	Briefly describe the organization's mission or most si	gnificant activities: WE PRO	VIDE POSI	TIVE GROUP					
Governance		ACTIVITIES FOR CHILDREN DIAGNOSED WITH								
'na	2	Check this box if the organization disconti	nued its operations or dispos	sed of more	than 25% of its net as:	sets.				
Ve	3	Number of voting members of the governing body (P	art VI, line 1a)		3	9				
ő		Number of independent voting members of the gove				9				
S		Fotal number of Individuals employed in calendar yea				12				
itie		Fotal number of volunteers (estimate if necessary)				300				
Activities &		Fotal unrelated business revenue from Part VIII, colui				0.				
ď	1	Net unrelated business taxable income from Form 99			1	0,				
		A Company of the Comp			Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)	***************************************		4,411,495.	4,807,584.				
	E .				0,	0.				
	I	nvestment income (Part VIII, column (A), lines 3, 4, a			31,444.	139,118.				
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			0.	271,392.				
	1	Total revenue - add lines 8 through 11 (must equal P			4,442,939.	5,218,094.				
		Grants and similar amounts paid (Part IX, column (A)	0,	220,000.						
	l	Benefits paid to or for members (Part IX, column (A),			0,	0,				
	45	Salaries, other compensation, employee benefits (Pa		769,683,	800,313.					
Expenses	16a	Professional fundralsing fees (Part IX, column (A), line			0.	25,000.				
ben	h.	Total fundraising expenses (Part IX, column (D), line		675,						
ᄶ	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			1,377,334.	1,978,187.				
		Total expenses. Add lines 13-17 (must equal Part IX,			2,147,017.	3,023,500.				
	l	Revenue less expenses, Subtract line 18 from line 12			2,295,922,	2,194,594.				
- 5°				Ве	ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)			8,238,384.	10,273,228,				
ASS	21	Total liabilities (Part X, line 26)			21,080.	40,087.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from the	ne 20		8,217,304.	10,233,141.				
Pa	art II	Signature Block		·						
Und	er pena	ties of perjury, I declare that I have examined this return, Ir	cluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and bellef, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.					
		(1)	XL		-1610	40/23				
Sig	n	Signature of officer			Date	/ 🔾 🗸				
Her		JENNIFER WISLER, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date Check [	PTIN				
Palo	i	-, , ,	LISSA POSWAY	o	6/22/23 il self-empto	yed P02235641				
	parer	Firm's name DOEREN MAYHEW			Firm's EIN	36-4745545				
	Only	Firm's address 2600 NORTH LOOP WEST, SUITE	600							
_		HOUSTON, TX 77092			Phone no.713	3-789-7077				
May	v the IF	RS discuss this return with the preparer shown above	? See instructions			X Yes No				

	THE CHARLES WITH THE FOUNDATION	76-00208	02 5 2
	990 (2022) THE SUNSHINE KIDS FOUNDATION  t III   Statement of Program Service Accomplishments	76-00208	02 Page <b>2</b>
rai	-		х
	Check if Schedule O contains a response or note to any line in this Part III	************	
1	Briefly describe the organization's mission: SUNSHINE KIDS FOUNDATION ADDS QUALITY OF LIFE TO CHILDREN WITH CANCER		
	BY PROVIDING THEM WITH EXCITING, POSITIVE GROUP ACTIVITIES SO THEY MAY		
	AGAIN DO WHAT KIDS ARE MEANT TO DO, HAVE FUN AND CELEBRATE LIFE!		
	AGAIN DO WHAT KIDS ARE MEANT TO DO, HAVE FOR AND CEDEBRATE BIFE!		
	Did the organization undertake any significant program services during the year which were not listed on the		
2			X Yes No
	prior Form 990 or 990-EZ?	*****	
^	If "Yes," describe these new services on Schedule O.		Voc X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	*************	165140
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as m	ancilland by c	vneneee
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, tile total ex	Jerises, ariu
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 2,348,235. Including grants of \$) (Revenue		\
4a	VATIONAL EVENTS	»	······································
	MATOMAD BY MATO		
	"MARDI GRAS FUN TIME FANTASY" IS A ONE-WEEK TRIP HELD IN NEW ORLEANS,	P	
	LOUISIANA. THE CHILDREN GO DURING MARDI GRAS WEEK AND RIDE ON A FLOAT,		
	ATTEND THEIR VERY OWN MARDI GRAS BALL, SWAMP TOURS AND TOUR THE		
	BEAUTIFUL CITY OF NEW ORLEANS. THIRTEEN YOUNG CANCER PATIENTS FROM		
	HOSPITALS ACROSS THE UNITED STATES ATTENDED THIS EVENT.		
	ROSFITADO ACROSO TRE GRIEFO STATES ATTENDED TRES EVERT.		
	"WINTER GAMES" IS A ONE-WEEK TRIP HELD IN WINTER PARK, COLORADO, THE		
	CHILDREN RECEIVE ONE ON ONE SKIING INSTRUCTIONS, SNOWMOBILE, SNOW TUBING		
	AND PARTICIPATE IN A DOWN-HILL WINTER GAMES EVENT, SIXTEEN YOUNG CANCER		
	PATIENTS FROM HOSPITALS ACROSS (CONTINUED ON SCHEDULE O)		
٠		<u> </u>	
4b	(Code: ) (Expenses \$ 229,000. including grants of \$ 220,000.) (Revenue PROVIDE SCHOLARSHIP GRANTS FOR PEDIATRIC ONCOLOGY PATIENTS OR SURVIVORS	1.3 <u></u>	
	THROUGH THE GREATER HOUSTON COMMUNITY FOUNDATION, A TAX EXEMPT		
	ORGANIZATION.		
	OKOMI LON .		
4 -	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1	. &	
4c	(Code:) (Expenses \$) (Revenue		
			.4
		*****	
		Anna ann an Anna an An	
4.1	Other program continue (Decaring on Cahadula O.)		
4d	Other program services (Describe on Schedule O.)		١
4	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 2,577,235.		1.
4e	Total program service expenses 2,577,235.		

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4		х
,	during the tax year? If "Yes," complete Schedule C, Part II	-4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
_	similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>,</b> ,		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<del></del> -
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
40	If "Yes," complete Schedule D, Part IV	a		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	11/41	N 13 N S
11				
а	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i>		i	
a		11a	х	
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			İ
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		х	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<del>  ^-</del>	<del>                                     </del>
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines	40	х	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<del>-</del>	<del> </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b></b>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<b></b>	<del>                                     </del>
<b>~</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	The state of the s			-

Form 990 (2022)

THE SUNSHINE KIDS FOUND
Part IV | Checklist of Required Schedules (continue)

Liui	Officerial of required deficacies (continued)			<del></del>
99	Did the examination report more than \$5,000 of grants or other againstance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
J	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part i	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
2.1	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	14,14	3 V 16 A 2 A B V 1	
	instructions for applicable filing thresholds, conditions, and exceptions):		Table 1	Name:
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<b></b>	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			v
	"Yes," complete Schedule L, Part IV	28c	x	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del></del>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Ψ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check If Schedule O contains a response or note to any line in this Part V	*******		
	51 - 15	<u>, 13000</u>	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	7 88		
G	(gambling) winnings to prize winners?	1c	х	
23200	4 12-13-22		990	(2022)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a	100	100					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		14000					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
c	If "Yes" to line 5a or 5b, dld the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l				
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b		<u> </u>				
7	Organizations that may receive deductible contributions under section 170(c).	1000	ANGE					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	<u> </u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	ļ				
¢	Dld the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ						
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	Palk	Vielako Periodo	Nativ				
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	, Watel					
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	Years	387 (54)	10000,000				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1916	13.14				
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:  Gross Income from members or shareholders  11a							
		1						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
40-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	400						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>				
a	Note: See the instructions for additional information the organization must report on Schedule O.	- ioa	1000					
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to Issue qualified health plans							
С	Enter the amount of reserves on hand	1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<b>†</b>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1						
	excess parachute payment(s) during the year?	15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.		N.A.	2.5.4				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
	If "Yes," complete Form 4720, Schedule O.		11.11.	79.5				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L					
	If "Yes," complete Form 6069.	Takija.	1,111					

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sect	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
-	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
•	of officers, directors, trustees, or key employees to a management company or other person?	3		х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	a. Distillar account and the state of the st									
7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or	6								
,	more members of the governing body?	7a		х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
~	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	11.55	10,000	-						
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the internal Revenue Code.)			L						
	This Section B requests information about policies not required by the internal nevertile code.		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	Х	1						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	<b></b>						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	The state of the s	12a	х	ļ ·						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	on Schedule O how this was done	12c		х						
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
.~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1 3 3						
а	The organization's CEO, Executive Director, or top management official	15a	х							
b		15b	х	1						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	NO.	1 (15.2)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Man							
100	taxable entity during the year?	16a		х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	188,138	3333							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avalla	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	• ,								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	clal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
-	SHANNON MALONE - 713-524-1264									
	2814 VIRGINIA STREET, HOUSTON, TX 77098									
			ΛΛΛ	(0000)						

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

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

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

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

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

Name and title   Name and title   Average hours per week (list any hours for related organizations   Name and title   Name	Check this box if neither the organization		orga	niza			npen	sate	l .		
Nours per   Week (list arry   hours for related   organizations   below   line)	(A)	(B)			(C	) 			(D)	(E)	(F)
Week (list any hours for related organizations below line)	Name and title			not c	heck more than one						
Compensation from the organizations below line)   The part of the content of th		I .	box, unless person is both an officer and a director/trustee)			s botr r/trus	tee}				
SECUTIVE DIRECTOR		1	, jo	l					1		
SECUTIVE DIRECTOR		1 '	direct						1		
SECUTIVE DIRECTOR		l l	36 01	stee			nsate		(W-2/1099-MISC/		
SECUTIVE DIRECTOR		organizations	trust	lai tri		oyee	ad mo		1099-NEC)		and related
SECUTIVE DIRECTOR		1	vidua	itutio	펋	empl	loyee	ije.			organizations
X			멸	120	#5	Ş.	물등	臣			
1,00		55,00					ļ		20.500		14 104
DIRECTOR			_	_	X .	_	ļ	-	82,530.	υ,	11,104,
CAROL ALVARADO		1,00									
DIRECTOR			Х	<u> </u>	ļ	ļ	$\vdash$	<u> </u>	U.	٧.	۷.
(4) CHIEF DEPUTY CRAIG TAFFARO       1.00         DIRECTOR       X         (5) DR. MICHAEL A. ABBOTT       1.00         DIRECTOR       X         (6) JERRIE SHORT       1.00         DIRECTOR       X         (7) DR. FRANK LIN       1.00         DIRECTOR       X         (8) DR. AKARA FORSYTHE       1.00         SECRETARY       X         (9) J. THOMAS CARRUTHERS, III       1.00         TREASURER       X         (10) BRET SANDERS       1.00		1,00	١								,
DIRECTOR   X   0			Х	<u> </u>	<u> </u>	_	<u> </u>	_	0,	U.	Ü,
(5) DR. MICHAEL A. ABBOTT		1,00	١								
DIRECTOR   X   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			X	┞		-	-	-	0.	U,	۷.
1,00		1.00	ļ								
DIRECTOR   X   0. 0. 0. 0   0   (7) DR. FRANK LIN   1.00   X   0. 0. 0. 0   0   0   0   0   0   0			X	<u> </u>	├	ļ	<del>                                     </del>	├	U,	0.	۷.
(7) DR, FRANK LIN       1,00       0.0 </td <td></td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		1.00									
DIRECTOR         X         0.         0.         0           (8) DR. AKARA FORSYTHE         1.00         X         X         0.         0.         0.         0         0           SECRETARY         X         X         X         0.         0.         0			X	_	├	_	ļ	<u> </u>	٧.	υ,	0,
(8) DR, AKARA FORSYTHE     1,00       SECRETARY     X       (9) J. THOMAS CARRUTHERS, III     1,00       TREASURER     X       (10) BRET SANDERS     1,00         1,00     0       0.     0       0     0		1,00	<b>∤</b>							_	
SECRETARY   X   X   0. 0. 0. 0. 0.   0.   0.   0.			X	-	⊬	-	ऻ-		<u> </u>	V.	· · · · · · · · · · · · · · · · · · ·
(9) J. THOMAS CARRUTHERS, III 1.00 X X X 0. 0. 0 (10) BRET SANDERS 1.00		1,00	┨		l.,			-			
TREASURER			X	-	Ļ× —	ļ	-	╄	V.	٧,	,
(10) BRET SANDERS 1.00		1,00	┨			ł					۸ ا
		1 00	l X	_	┝		╀	-	V.	<b>V.</b>	,
CHAIRMAN A A V. V. V. V. V. V. V. V. V. V. V. V. V.		1.00	┨"	İ	\ ,					0	۱ ,
	CHAIRMAN		<del> ^</del>	$\vdash$	╬		┼	┼		V,	
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			1								

Section A. Officers, Directors, Trust	COG! ITO'S FILE	rioye	1001	and	1111	lines	·	Jiliperisateu Litipioyee	s (continued)		
(A)	(B)	(B) (C)						(D)	(E)		(F)
Name and title	Average	(41 - 1		Posi				Reportable	Reportable		Estimated
	hours per	(do not check more box, unless person officer and a direct				s both	an	compensation	compensation	1	amount of
	week		er an	d a d	recto	r/trust	ee)	from	from related		other
	(list any	ector						the	organizations		compensation
	hours for related	哥	e e			ated		organization	(W-2/1099-MIS	C/	from the
	organizations	aatsa	trust		يو	Bens		(W-2/1099-MISC/	1099-NEC)		organization
	below	individual trustee or director	institutional trustee		Key employee	Highest compensated employee		1099·NEC)			and related organizations
	line)	divid	stitu	Officer	y em	ighes	Former				organizations
	· ·	그	=	0	×	프하	LL.				
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					<u> </u>	┡					
				П	Π						
		1									
1b Subtotal								82,530,		0.	11,104.
c Total from continuation sheets to Part VI								0.		0.	0,
d Total (add lines 1b and 1c)								82,530.		0.	11,104,
Total number of individuals (including but n								<u> </u>	000 of reportable		· · · · · · · · · · · · · · · · · · ·
compensation from the organization	iot illinited to ti	1000	11010		,,,,	<i>,</i>		, , , , , , , , , , , , , , , , , , ,	out of top of tour.		0
COMPENSATION HOME THE ORGANIZATION											Yes No
3 Did the organization list any former officer	director trust	on L	(OV (	amn	love		hia	sheet companeated emp	lovee on	Γ	MIR ASSET
											3 X
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the si										····	
•	•		•					•			4 X
and related organizations greater than \$15										····	
5 Did any person listed on line 1a receive or											5 X
rendered to the organization? // "Yes," con	nplete Schedul	e J f	or st	uch	pers	son					3   1"
Section B. Independent Contractors							41		N400 000 -4		
1 Complete this table for your five highest co										ensau	on irom
the organization, Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	thin		ear.		
(A) Name and business	. addraga							( <b>B)</b> Description of s	condoce	C	(C) ompensation
Ivame and pushiess	address	МО	NE					Description of	GI VICES		ompossouron
2 Total number of independent contractors (	including but r	ot lir	nite	d to	tho	se lis	sted	l above) who received m	ore than		
\$100,000 of compensation from the organ	Ization					0				(SME)	

Par		II Statement of Revenue	V-1				r age o
L		Check if Schedule O contains a response o	v note to any line	o in this Dort VIII			
		Check it Schedule O contains a response o	r note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts.	b	Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-11  19 \$	4,807,584. 553,268. 4,807,584.				
0 8	f	Total. Add lines 1a-1f	Business Code	A A chair ann an Aireann an		A STATE OF THE STA	
Program Service Revenue	2 a	,	addinate doctor				
۱ تم	f	All other program service revenue					
	3	Investment Income (including dividends, interesting similar amounts)  Income from investment of tax-exempt bond present income from investment of tax-exempt bond present income from investment of tax-exempt bond present income from investment of tax-exempt bond present income from investment of tax-exempt bond present income from investment of tax-exempt bond present income from investment in the investment investment in the investment in the investment investment in the investment in the investment investment in the investment investment in the investment in the investment investment in the in	st, and	139,118,			139,118.
1	5	Royalties					· · · · · · · · · · · · · · · · · · ·
	6 a	(I) Real	(ii) Personal				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					to the first for the second second
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
er	ŀ	assets other than inventory 7a  Less: cost or other basis and sales expenses 7b					
Ę	(	Gain or (loss) 7c					
Other Revenue	(	d Net gain or (loss)					
O		contributions reported on line 1c). See Part IV, line 18	312,350.				
		b Less: direct expenses8b	40,958.				
		1	1	271,392.			271,392.
		a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses					
		b Less: direct expenses	Ł	5-14-14-14-14-14-14-14-14-14-14-14-14-14-	1 1442		
		a Gross sales of inventory, less returns					
	•	and allowances 10a	,				
	1	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	1				
S			Business Code			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 144, 4, 4, 4 1 1 1 1 1 1
Miscellaneous Revenue	11 :						
ilar Ven		b					
Sce	,	d All other revenue					
Σ	,	e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,218,094.	0.	0.	410,510.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	220,000.	220,000.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	85,019.	72,267.	6,376.	6,376
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	552,808.	469,886.	41,461.	41,461
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,796.	10,876.	960,	960
	Other employee benefits	100,057.	85,049.	7,504.	7,504
10	Payroll taxes	49,633.	42,235,	3,699.	3,699
11	Fees for services (nonemployees):				
	Management				
b	Legal	49,207.	17,211.	23,135.	8,861
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	25,000.			25,000
•	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion				
12	Office expenses	129,392,	58,789,	40,055.	30,548
13	Information technology				
14					
15	Royalties	30,082.	30,082.		
16	Occupancy	184,556.	168,206.	130.	16,220
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings				
19					
20	Interest				
21	Payments to affiliates	37,770.	32,104.	2,833,	2,833
22	· · · · · · · · · · · · · · · · · · ·	45,102.	16,668.	14,217.	14,217
23	Insurance Ltoming synapses not squared				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	ACTIVITY SUPPLIES & SUP	732,392.	699,327.	300,	32,765
b	ACCOMODATIONS/MEALS	524,645,	487,406.		37,239
C	REPAIRS AND MAINTENANCE	61,787.	60,754.	440,	593
d	PHOTOGRAPHY AND VIDEO P	48,518.	26,155.		22,363
e	All other expenses	134,736.	80,220.	15,480.	39,036
25	Total functional expenses. Add lines 1 through 24e	3,023,500.	2,577,235.	156,590.	289,675
26	Joint costs. Complete this line only if the organization				
~0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (1 tollowing SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

ar	t X	Balance Sheet					
		Check If Schedule O contains a response or no	te to an	line in this Part X		********	
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-Interest-bearing		17111111111111	2,684,443,	1	2,065,667
-	2	Savings and temporary cash investments			1,761,508.	2_	3,472,702
	3	Pledges and grants receivable, net			252,628.	3	397,340
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial o	ontributor, or 35%			
1		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual	ifled pe	sons (as defined		W.	
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net			25,016.	7	7,739
Assetts	8	Inventories for sale or use			26,479,	8	21,974
2	9	B 11			14,753,	9	14,422
	10a	Land, buildings, and equipment: cost or other					
		basis, Complete Part VI of Schedule D	10a	1,642,584.			是不可能的。 11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
	b	Less: accumulated depreciation	10b	1,299,021.	374,032.	10c	343,563
	11	Investments - publicly traded securities			3,099,525.	11	3,949,821
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11	*************		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			8,238,384.	16	10,273,22
	17	Accounts payable and accrued expenses		******************************	21,080,	17	40,08
	18	Grants payable	***************************************		18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	stantial	ontributor, or 35%			
api		controlled entity or family member of any of the	se pers	ons		22	
ן בֿ	23	Secured mortgages and notes payable to unrel	ated th	d parties		23	V=====================================
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
ĺ	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	. Complete Part X			
		of Schedule D		***************************************		25	
	26	Total liabilities. Add lines 17 through 25			21,080.	26	40,087
		Organizations that follow FASB ASC 958, ch	eck he	e X			
8		and complete lines 27, 28, 32, and 33.					
ă	27	Net assets without donor restrictions			8,192,288.	27	10,225,40
Ва	28	Net assets with donor restrictions			25,016.	28	7,739
ב		Organizations that do not follow FASB ASC	958, ch	eck here			
로		and complete lines 29 through 33.					
o s	29	Capital stock or trust principal, or current funds	s ,,,,,,,	******		29	
Net Assets or Fund Balances	30	Pald-in or capital surplus, or land, building, or e	quipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated i	ncome,	or other funds		31	
Zet Tet	32	Total net assets or fund balances	******	***************************************	8,217,304.	32	10,233,143
	i	Total liabilities and net assets/fund balances			8,238,384.	33	10,273,228

Form	990 (2022) THE SUNSHINE KIDS FOUNDATION	10-0020002		Pag	10 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	*************	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		218,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		023,	
3	Revenue less expenses. Subtract line 2 from line 1	3	····	194,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		217,	
5	Net unrealized gains (losses) on investments	5		178,	757,
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,	233,	141.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.	50,60	14047	12.4
2a	• • • • • • • • • • • • • • • • • • • •		2a	.1.11	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		9403	s little	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		4145	Shall.	VIII.NE
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	MARK	1,430	1000
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				ĺ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

				NSHINE KIDS FOUN						76-0020802
Pa	rt I		Reason for Public C	harity Status. (	Ali organizations must c	omplete th	is part.) Se	ee Instruction:	3.	
The	orga	ınl	zation is not a private founda	ation because it is: (F	or lines 1 through 12, ch	neck only o	ne box.)			
1	Č	٦.	A church, convention of chu					)(A)(i).		
2		1	A school described in section	on 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990).)				
3		٦.	A hospital or a cooperative i		•		(ii)(A)(1)(d)	i).		
4		_	A medical research organiza						(iii). Enter	the hospital's name.
•			city, and state:		,, .,,			., ., ., ., ., ., ., .,	<b>(</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5			An organization operated fo	r the benefit of a coll	ege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
•		_	section 170(b)(1)(A)(iv). (C		ogo or animoronity ownion	or oporate	ou by a go	· Or it is or it as		
c		1	A federal, state, or local gov		antal unit described in	nastian 17	MANAYAYAY	'sel		
6	X	_		-					o gonoral r	aublia describad in
'		_1	An organization that normal		mai part of its support if	om a gove	mmentart	JIII OF HOME	o gonorai i	ที่เ มอนกระอม วกุนมูด
_		7	section 170(b)(1)(A)(vi). (Co		4VAV (\$ /O	. #15				
8	L	]	A community trust describe						land avant	a alla ma
9	L	1	An agricultural research org							
			or university or a non-land-g	rant college of agricu	liture (see instructions).	Enter the r	name, city,	, and state of	tne college	Or
		٦	university:						L. C	t f
10	L	_)	An organization that normal	•	- 1					
			activities related to its exem							
			Income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	rea by the org	anization a	iπer June 30, 1975.
		7	See section 509(a)(2), (Cor							
11	는		An organization organized a	· ·						
12		J	An organization organized a	•						
			more publicly supported org							Sneck the box on
	_		lines 12a through 12d that o	·						
a	ŧ L		Type I. A supporting orga	•						
			the supported organizatio			majority o	f the direc	tors or truste	es of the su	pporting
	_		organization. You must c	•						
k	L		Type II. A supporting orga							
			control or management of			ame perso	ns that cor	ntrol or mana	ge the sup	oorted
	_		organization(s). You mus	•						
C	; L		Type III functionally inte	-					ly integrate	ed with,
	_		its supported organization							
C	ı L		Type III non-functionally	integrated, A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organi:	zation(s)
			that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attenti	veness
	_		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
6	<b>.</b> L		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
			functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
1			r the number of supported o	•						
	<b>ј</b> Р		ride the following information			! fiu\ le lha ara:	anizalion lietad	Land		T 6.31 A
		(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed Ing document?	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)
			Organization		above (see instructions))	Yes	No	aupport (500 ii	3011401101101	Support (Goo mortono)
						<u></u>				
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						<b></b>	ļ			
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1 1 1 1 1 1 1 1	100-16-10-			
Tot	al					1,411,633	1	l .		1

THE SUNSHINE KIDS FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			,			
	membership fees received. (Do not						
	include any "unusual grants.")	4,520,895,	4,109,974.	2,959,146.	4,411,495.	4,807,584.	20,809,094,
2	Tax revenues levled for the organ-						
	ization's benefit and either paid to	İ					
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4 520 895.	4,109,974.	2,959,146.	4,411,495.	4,807,584.	20,809,094.
	The portion of total contributions	Nath Harris				ARAMAN MARK	
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						3,323,719.
_	column (f)						17,485,375.
	Public support, Subtract line 5 from line 4.	- 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. Jan 1. J	+40x20x20x20x40x40x40x40x40x40x40x40		Terrespondente des differen policies estad		17,405,575.
			41.0040	4.3.0000	(-D) 0004	4-1.0000	(4) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021 4,411,495,	(e) 2022 4,807,584.	(f) Total 20,809,094.
	Amounts from line 4	4,520,895.	4,109,974.	2,959,146.	#, <del>4</del> 11, 493,	4,007,304.	20,000,004.
8	•						
	dividends, payments received on						
	securities loans, rents, royalties,			24 224	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	120 110	210 401
	and income from similar sources	73,991.	42,714.	36,224.	27,444,	139,118,	319,491.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					CONTRACTOR OF THE CONTRACTOR O	21,128,585.
12	Gross receipts from related activities,	etc. (see instruction	ons)	,		12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop				************		
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (	ine 6, column (f), d	lvided by line 11, o	column (f))	,	14	82,76 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	84,84 %
16a	a 33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						•
ŀ	o 33 1/3% support test - 2021. If the	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						(———
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
	10% -facts-and-circumstances test						
•	more, and if the organization meets t						
	organization meets the facts-and-circ						
1Ω	Private foundation. If the organization						
10	i sivato loginacion, il tilo organizatio	ar are not orioon a	SON OUT BOTO TOT TO	-, , . 1 4) 01 111	.,		/Form 000\ 2022

Schedule A (Form 990) 2022 THE SUNSHINE KIDS FOUNDATION

Part III Support Schedule for Organizations Described in Section 509(a)(2) THE SUNSHINE KIDS FOUNDATION

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

tion A. Public Support		.,				
ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
· · · · · · · · · · · · · · · · · · ·						
membership fees received, (Do not						
Include any "unusual grants.")						
Gross receipts from admissions,						
merchandise sold or services per-						
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exceed the greater of \$5,000 or 1% of the						
		and the first of the first of the first of		*** **********************************		
	5 12-2 5 15-25-3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[]][][]][]]	A MARKET TO THE SAME	1 174 114 114 11 11 114 144	
				T	1 / / / / / /	
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
and income from similar sources						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
Net Income from unrelated business						
· ·		A section of the sect				
regularly carried on						
	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section	501(c)(3) organizatio	n,
	<u>'</u>		column (f))		15	%
* * * * * * * * * * * * * * * * * * * *		•		*****	16	%
					<u>-</u>	
			ine 13. column (f))		17	%
· •	•	• • • • • • • • • • • • • • • • • • • •			18	%
	-					
THE TO TO HOW HOLD WANT OF TANK CHE	UN BIIU DUN AIIU SI			as a publicly supp this box and see in		·····-
	Include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year  Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)  Extion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources  Unrelated business taxable income  (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  Extion C. Computation of Public support percentage for 2022 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment income percentage from 2021 (Investment Income percentag	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandlse sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513  Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b  Public support. (Subinatine 7a from fine 6.)  Public support is grow in the rest, dividends, payments received on securities loans, rents, royalites, and income from interest, dividends, payments received on securities loans, rents, royalites, and income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  First 5 years. If the Form 990 is for the organization's fi check this box and stop here  Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public support percentage for 2022 (line 8, column (f), or Public supp	Index year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from cher than disqualified persons hat exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7 a and 7 7b Public support. (subract line 7c from time 6) Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10 a and 10b Not income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, Add lines 8, 10c, 11, and 12) First 5 years. If the Form 990 is for the organization's first, second, third, check this box and stop here Diction D. Computation of Public Support Percentage Investment income percentage for 2022 (line 8, column (f), divided by line 13, 133 1/3% support tests - 2021. If the organization did not check the box more than 33 1/3%, check this box and stop here. The organization qual 3 3 1/3% support tests - 2021. If the organization did not check the box organization did not check the box organization did not check the box organization did not check the box organization did not check the box organization did not check the box organization did not check a box or the content of the content in come percentage for 2022 (line 10c, column (f), divided by line 13, 13/3% support tests - 2021	diffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions and any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's breath and interest and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total, Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 1, 2, and 3 received from disqualified persons has exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7 a and 7 b  Public support. (Spisiat let 2 time les 6)  Tition B. Total Support  ndar year (or fiscal year beginning in)  Amounts from line 6  Gross income from increat, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 5 11 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10o, whether or not it the business is regularly carried on Cherimone. Do not include gain or loss from the sale of capital asset (Explain in Part VI).  Total support, (Adel lines 9, 10c, 11, and 12)  Public support percentage from 2021 Schedule A, Part III, line 15  Etion D. Computation of Investment income Percentage  Fulloric Computation of Investment income Percentage investment income percentage for 2022 (line 8, column (f), divided by line 13, column (f)) investment income percentage for 2021 Schedule A, Part III, line 17  133 1/3% support tests - 2022. If the organization did not chec	der year (or fiscal year beginning in) Gilts, grants, contributions, and membership fees received. (De not include any 'unusual grants.') Gross receipts from admissions, memorrhandise social or services performed, or facilities furnished in any authority that is related to the organization's tax-evempt purpose organization's benefit and either paid to or expended on its behalf.  Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total, Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons. Amounts included on lines 1, 2, and 3 received from disqualified persons that expert in the paid of the paid to or expended on lines 1, 2, and 3 received from disqualified persons that expert in the paid of the pai	der year (or fiscal year beginning in) Giffs, grants, contributions, and membership lose received. (b) not include any "unusual grants.") Giffs, grants, contributions, and membership lose received. (b) not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's the services or facilities furnished in any activities that are not an unrelated trade or business under section 513 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 11, 2, and 3 received from disqualificide persons Areausts included on lines 1, 2, and 3 received from disqualificide persons had secreted to the services of the s

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Schedule A (Form 990) 2022

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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3a		
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	3,500	Vibla i Vibla i Vibra i
3b	341.54	l
		1,554
3c	40 <u>0</u> 14.151.	55550 A
4a	. 5.75. + 5.7	TATELLE.
[	15 to 25	1613.141
4b	34.45.55	
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4c	And Sept 10	
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5a		1.00
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<u>9a</u>	10.55	1811
9b		1500
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9c		V.
10a		
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10b		<u> </u>

Par	rt IV Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	· · · · · · · · · · · · · · · · · · ·	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detall in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offi			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			- 1.
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	the 1		
3	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
2	organization operate for the benefit of any supported organization of the supported organization? If "Yes," explain in	The state of the s		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1000		
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations		<u>.                                    </u>	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	PA: E		
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	dija sina		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<del> </del>	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		<u> </u>
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see inst	ructions).		
a				
þ	·		1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. Activities Test. Answer lines 2a and 2b below.	ty (see instruction	Yes	No
2			1163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
				-
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1944	1	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	<ul> <li>Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,</li> </ul>		1 1	
v	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations, Answer lines 3a and 3b below.			
а	will be a second of the second		A link	1
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to 1000 to		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	t V  Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	g trust on	Nov. 20, 1970 ( explain in P	art VI). See Instructions.
	All other Type ill non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	114		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	1 1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035,	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ited Type III supporting organ	nization (see
-	instructions).			

Schedule A (Form 990) 2022

	dule A (Form 990) 2022 THE SUNSHINE KIDS FO				76-0020802 Page <b>7</b>
Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orgai	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See Instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	3	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI), See Instructions.				
3	Excess distributions carryover, If any, to 2022				
а	From 2017		Almerican graph and a finite		
b	From 2018				
С	From 2019				
d	From 2020			Villa:	
e	From 2021			Webst.	
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			34.54	
4	Distributions for 2022 from Section D,				
	line 7: \$			Milit	
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
$\overline{}$	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
-6	Remaining underdistributions for 2022, Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			14 14	
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:			11.15	
	Excess from 2018				
	Excess from 2019			1 1	
	Excess from 2020				
-	Excess from 2021				
		<b></b>			•

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See Instructions.)
<del></del>	
<del></del>	
-	
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• • • • • • • • • • • • • • • • • • • •	

#### 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.lrs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number Name of the organization THE SUNSHINE KIDS FOUNDATION 76-0020802 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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) filling 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, sclentific, 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). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Name of organization

Employer identification number

THE SUNSHINE KIDS FOUNDATION

76-0020802

Part I	Contributors (see instructions), Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) (d) Total contributions Type of contribution	on
1		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
2		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
3		Person X Payroll Noncash (Complete Part II for noncash contributions	ıs.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributions	on
4		\$ 343,827. Person X Payroll On Complete Part II for noncash contribution	ns.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
5		\$ 106,380. Person X Payroli Noncash (Complete Part II for noncash contribution	າຣ.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contributi	ion
223452 11-1	5.20	\$ 117,671. Person X Payroll Noncash (Complete Part II for noncash contribution Schedule B (Form 990)	

Name of organization

Employer Identification number

THE SUNSHINE KIDS FOUNDATION

76-0020802

Part i	Contributors (see instructions). Use duplicate copies of Part I if additional	lional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$170,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	•	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$ 97,209.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	·	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SUNSHINE KIDS FOUNDATION

76-0020802

Part II	Noncash Property (see instructions), Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	SUNSHINE KIDS OFFICE RENT FOR JANUARY - DECEMBER 2022		
		\$\$	01/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

ame of organi	zation			Employer identification number
HE SUNSHINE	KIDS FOUNDATION			76-0020802
Part III Exc from	clusively religious, charitable, etc., contribution many one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, chase duplicate copies of Part III if additional sp	rough (e) and the following line enti ritable, etc., contributions of \$1,000 or 1	ni Foz organizations	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
		(e) Transfer of gif		
	Transferee's name, address, and	1219 + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, and	(e) Transfer of git		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gir	ft	
	Transferee's name, address, an		ansferor to transferee	
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, an	(e) Transfer of gi d ZIP + 4		ansferor to transferee

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Employer identification number

Open to Public Inspection

Name of the organization THE SUNSHINE KIDS FOUNDATION

76-0020802

Par	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accou	ints. Complete if the
	organization answered 165 Off Offi 550,1 activ, inte	(a) Donor advised funds	(b) Fu	unds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in v	riting that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's			Yes No
	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Par				
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (for example, recreat		of a historical	lly important land area
	Protection of natural habitat		of a certified	historic structure
	Preservation of open space	<del></del>		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the for	m of a conser	vation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	·		28	1
h				
c	Number of conservation easements on a certified historic stru		4	3
Ч	Number of conservation easements included in (c) acquired a			
•			20	si
3	Number of conservation easements modified, transferred, relative			on during the tax
•	year		_	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		 of	
-	violations, and enforcement of the conservation easements It			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		onservation ea	sements during the year
•		-		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easem	ents during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation			and
	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, Ilne 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemen	nt and balance	sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement an	id balance shi	eet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finan	cial gain, prov	/ide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			. \$
b	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,000.		100,000.
b Buildings		977,683.	734,120.	243,563.
c Leasehold improvements				
d Equipment		473,277.	473,277.	0.
e Other		91,624.	91,624.	0,
Total, Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colun	nn (B), line 10c,)		343,563,

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o			d.of.vear market value
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-or-year market value
Financial derivatives			
Closely held equity interests	<u></u>		
Other			
(A)			
(B)			
(C) ·			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV. line	11c. See Form 990, Part X, line 13,	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	Ç,		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	on Form 990, Part IV, line		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description		(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" c			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" c  (a) [  (1)  (2)  (3)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [ (1) (2) (3)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	9 11d. See Form 990, Part X, line 15.	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (art X)	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
at (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (1) (1) (1) (1) (2) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  art IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (1) (2) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  15.}	e 11d. See Form 990, Part X, line 15.	(b) Book value

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Sta		evenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,147,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		-178,757.	: .	
b	Donated services and use of facilities		108,200.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	-70,557.
3	Subtract line 2e from line 1			3	5,218,094.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	5,218,094,
Pai	rt XII Reconciliation of Expenses per Audited Financial St		expenses per H	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I			1	
1	Total expenses and losses per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	3,131,700,
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	108,200,		
b	Prior year adjustments				
c	Other losses	2c			
d		***************************************			
e	Add lines 2a through 2d			_2e	108,200.
3	Subtract line 2e from line 1			3	3,023,500.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 5			
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0,
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)	***************************************	5	3,023,500.
	rt XIII Supplemental Information.				0.0.174
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			; Part X, lir	ie 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional informa	ation.		
PAR'	F X, LINE 2;				
	THE PARTY OF THE P	rox 501/0\/2\			
THE	FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTI	TON SUI(C)(3)			
	THE THEODY IS DESCRIBE CARD IND TO CLASSIFIED AS A DUBLIS OF	מפרונות זיווד מבודי			
OF '	THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC C	CHARITY UNDER	Alexandria de la companya del companya de la companya del companya de la companya		
an a	TON 100/D)/1// / N/Y/ NYD GROWTON F00/A)/1) WIN BOTHDAW	TON BILDS			
SEC	TION 170(B)(1)(A)(VI) AND SECTION 509(A)(1), THE FOUNDATE	ION FILES			
* ****	CAN DEPOSE TANDONAMIAN DEMONDRA AND IMO BILINGO AND GMILL	CDEN MO			
ANN	UAL FEDERAL INFORMATION RETURNS AND ITS FILINGS ARE STILI	L OPEN TO			
	AND DESCRIPTION OF THE PROPERTY OF THE COLUMN AND T	ramen muonon			
EXA	MINATION BY TAXING AUTHORITIES FOR FISCAL YEARS 2019 AND	DATER, THOUGH		****	
		BOY Y OLIG  MITT			
THE	RE ARE NO KNOWN YEARS UNDER EXAMINATION. THE FOUNDATION I	FOLLOWS THE			
		n) 100 monto			
PRO	VISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASI	B) ASC TOPIC			
	AA AGAMMANA NAN ANGANE MANGA AND MANAGRADUM DELIMING	a ta una no			
740	-10, ACCOUNTING FOR INCOME TAXES, AND MANAGEMENT BELIEVES	S IT HAS NO			****
153 m	EDITAT IIMGEDMATN MAY DOGTMIONG OD ANU DETAMEN DENIATMIEG A	ለነነ ፕእነጣውወውሪጥ ሙላ			
MAT	ERIAL UNCERTAIN TAX POSITIONS OR ANY RELATED PENALTIES AN	NU INTEREST TO			
***	מוני במים מפטעה מתחשת מתחשל שמשה שתוך שמקונה מת שונים שונים שונים במים שונים במים שונים שונים שונים שונים שונים	n 2021			
ACC	RUE OR DISCLOSE FOR THE YEARS ENDED DECEMBER 31, 2022 AND	D ZVAI,			

Schedule D (Form 990) 2022 THE SUNSHINE KIDS FOUNDATION	76-0020802	Page 5
Schedule D (Form 990) 2022 THE SUNSHINE KIDS FOUNDATION Part XIII Supplemental Information (continued)		

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						· ·	itification number
	NE KIDS FOUNDATION			- 000 P + P4 W	4	76-0020802	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answ</li> </ul>	ered "Y	es" on	Form 990, Part IV, II	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization raise     A Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     In-person solicitations     In person solicitations	sed funds through any of the following and solicities of Solicities of Solicities of Solicities of Solicities of Solicities or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursured	ation of ation of al fundra al (includ profession	non-govern govern Ising of ing of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		X Yes	☐ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did alser ustody trol of utlons?	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundralser ited in col. (i)	(vi) Amount paid to (or retained by) organization
FRANSCISCO & CO, - 7941 KATY FREEWAY #510, HOUSTON, TX	CONSULT ON FUND-RAISING STRATEGIES	Yes	No x	307,045.		25,000.	282,045,
Total  3 List all states in which the organizati or licensing.	on is registered or licensed to solicit			307,045. s or has been notified	l it is	25,000. exempt from re	282,045. gistration
<u></u>							
	•						
					•		

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

Pa	rt i	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.						
		go, z	(a) Event #1		) Event #2		Other events	(d) Total events (add col. (a) through
إ			(event type)	(6	event type)	(t	otal number)	col. (c))
Revenue							***************************************	
eve	1	Gross receipts	312,350.			1		312,350.
"								
	2	Less: Contributions				-		
	9	Gross income (line 1 minus line 2)	312,350.					312,350.
$\dashv$	3_	Gloss income (line 1 milius inte 2)				<b>†</b>		
	4	Cash prizes						
	5	Noncash prizes				-		
Ses		D 1/1 110						
ğ	6	Rent/facility costs				-		
Direct Expenses	7	Food and beverages						
)ire	•	. 224 4114 501014800		<b> </b>				
	8	Entertainment						
	9	Other direct expenses	40,958.			<u> </u>		40,958.
	10	Direct expense summary. Add lines 4 through						40,958,
	11							271,392.
Pa	rt	<del></del>	answered "Yes" on Form	1 990, P	art IV, line 19, or	report	ed more than	
		\$15,000 on Form 990-EZ, line 6a.		(h)	Pull tabs/instant	T		(d) Total gaming (add
e			(a) Bingo		progressive bingo	(c)	Other gaming	col. (a) through col. (c)
Revenue				1	,			
ፚ	1	Gross revenue						
s.	2	Cash prizes		<u> </u>				
suse.								
Expenses	3	Noncash prizes						
苡	١.	Pont /facility agate						
Direct	4	Rent/facility costs		-				
	5	Other direct expenses						
	Ť		Yes%	·	/es%		Yes %	6
	6	Volunteer labor	No No		No		No	
	İ							
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			• · · · · · · · · · · · ·		
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)					
_		ter the state(s) in which the organization cond	uote gaming activities:					
9		the organization licensed to conduct gaming a						Yes No
		'No," explain:				*********		
-								
10a	W	ere any of the organization's gaming licenses r	evoked, suspended, or te	erminat	ed during the tax	year?		Yes No
ŀ	) If	'Yes," explain:						
	_							
2320	82 1	0-27-22					Sci	nedule G (Form 990) 202:

Sch	edule G (Form 990) 2022 THE SUNSHINE KIDS FOUNDATION 76-0	020802	2	Page 3
11	Does the organization conduct gaming activities with nonmembers?		es	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
12		,	/es	No
40	to administer charitable gaming?		. 00	
	Indicate the percentage of gaming activity conducted in:	140-1		0.4
	The organization's facility	13a		<u> </u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 '	Yes	No
	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	of garning revende retained by the third party =			
•	: if "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Continery thanking to contribution of			
	Description of conjugat provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lin	es 9,	9b, 10b,
L	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_	700, 100, 110, and 170, as applicable, 7100 provide any accumulation of the accumulation			
9.0	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
5 C	HEDUDE G, PART I, LINE 2B, BIST OF TEN RIGHEST FAID FORDKAIDEND;			
_				
<u>(I</u>	) NAME OF FUNDRAISER: FRANSCISCO & CO.			
(I	) ADDRESS OF FUNDRAISER: 7941 KATY FREEWAY #510, HOUSTON, TX 77024	<u> </u>		
-		****		
				<del></del>
_				

Schedule G	i (Form 990)	THE SUNSHINE KIDS FOUNDATION	76-0020802	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		
	•			
•				
•	•			
***************************************				
				*****

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

390.	ne latest information.
Attach to Form 990.	Go to www.irs.gov/Form990 for the latest information.
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2022	
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Open to Public Inspection

ž Schedule I (Form 990) 2022 Employer identification number (h) Purpose of grant PROVIDE SCHOLARSHIPS 76-0020802 or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 220,000. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 501C3 THE SUNSHINE KIDS FOUNDATION 23-7160400 Part I General Information on Grants and Assistance (a) criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - 515 POST OAK BLVD, STE 1000 - HOUSTON, TX 77027 GREATER HOUSTON COMMUNITY or government Name of the organization Part

76-0020802

THE SUNSHINE KIDS FOUNDATION

Schedule I	(Form 990) THE SUNSHINE KIDS FOUNDATION	76-0020802	Page 2
Part IV	(Form 990) THE SUNSHINE KIDS FOUNDATION  Supplemental Information		
OTH NEW	AND RENEWAL APPLICATIONS.		
			* * ****
•			
			***************************************
•			<u> </u>
			· · · · · · · · · · · · · · · · · · ·
····			
			,
-			

#### SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

	THE SUNSHINE KIDS FOUNDATION							76-0020802				
Par	t I Typ	es of Property			,							
	,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, ilne 1g	noi	(d) Method of det ncash contribut			1		
1	Art - Works	of art				ļ						
2		cal treasures										
3		nal interests				ļ						
4		publications				<u> </u>						
5		d household goods		i i i i i i i i i i i i i i i i i i i		<u> </u>						
6	Cars and of	ther vehicles										
7		olanes										
8		property										
9		Publicly traded										
10	Securities -	Closely held stock										
11	Securities -	Partnership, LLC, or										
	trust interes	sts										
12	Securities -	Miscellaneous										
13	Qualified co	onservation contribution -										
	Historic str	uctures										
14		onservation contribution - Other										
15	Real estate	- Residential										
16	Real estate	- Commercial				ļ						
17	Real estate	· Other				ļ				······		
18	Collectibles	3				ļ						
19	Food Inven	tory				-						
20	Drugs and	medical supplies										
21	Taxidermy		ļ									
22	Historical a	rtifacts				-						
23	Scientific s	pecimens										
24		cal artifacts										
25	Other (	ACTIVITIES SUPP )	Х	85	1		DETERMINED					
26	Other (	MEALS/ACCOMODAT )	X	37			DETERMINED					
27	Other (	REPAIRS AND MAI )	Х	9	<u>'</u>		DETERMINED			<del></del>		
28	Other (	TRAVEL )	x	7	<u> </u>	DONOR	DETERMINED	VAL				
29		Forms 8283 received by the organ										
	for which t	he organization completed Form 82	283, Part V, I	Donee Acknowledg	jement 29					· · · · · ·		
								13,73.41	Yes	No		
30a		year, did the organization receive l					nat it					
		for at least 3 years from the date o		ontribution, and wh	ich isn't required to be used	l for						
		rposes for the entire holding period	d?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			30a		Х		
b		escribe the arrangement in Part II.								٠,,		
31		Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?										
32a		Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
		contributions?										
b		escribe in Part II.										
33		nization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	ecked,			3.30			
	describe ir							<u> </u>	L			
LHA	For Pap	erwork Reduction Act Notice, se	e the Instruc	ctions for Form 99	0,		Schedule N	л (Forr	n 990)	2022		

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 76-0020802 THE SUNSHINE KIDS FOUNDATION FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: DURING 2022. THE SUNSHINE KIDS FOUNDATION BEGAN A COLLEGE SCHOLARSHIP PROGRAM FOR PEDIATRIC ONCOLOGY PATIENTS OR SURVIVORS WHO HAVE PARTICIPATED IN THE FOUNDATION'S PROGRAMS, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE UNITED STATES ATTENDED THIS EVENT "WASHINGTON D.C. ADVENTURE" IS A ONE-WEEK TRIP HELD IN WASHINGTON, D.C. THE CHILDREN SPEND THE WEEK TOURING THE MUSEUMS, CAPITAL BUILDING MONUMENTS AND THE WHITE HOUSE, ELEVEN CANCER PATIENTS ATTENDED. "TEXAS HILL COUNTRY ADVENTURE" IS A ONE-WEEK TRIP HELD IN SAN MARCOS TX FOR CANCER PATIENTS FROM DIFFERENT HOSPITALS ACROSS THE COUNTRY, THE

"BROADWAY BREAK" IS A ONE-WEEK TRIP HELD IN NEW YORK, NEW YORK, THE
CHILDREN SPEND THE WEEK TOURING THE BRIGHT CITY LIGHTS IN THE BIG

"CALIFORNIA FUN-TIME FANTASY" IS A ONE-WEEK EVENT HELD IN LOS ANGELES,

CHILDREN EXPERIENCE THE NATURAL BEAUTY OF THE HILL COUNTRY THROUGH

ACTIVITIES SUCH AS HORSE-BACK RIDING AND RIVER RAFTING, TWENTY-TWO

CALIFORNIA, THE CHILDREN EXPERIENCE ACTIVITIES SUCH AS VISITING DISNEY

WORLD, UNIVERSAL STUDIOS, MEETING CELEBRITIES AND VISITING THE VARIOUS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

APPLE, FIFTEEN CANCER PATIENTS ATTENDED

CANCER PATIENTS ATTENDED.

Schedule O (Form 990) 2022  Name of the organization  THE SUNSHINE KIDS FOUNDATION	Employer identification number 76-0020802
COMPENSATION PROCESS FOR TOP OFFICIAL	
THE BOARD OF DIRECTORS VOTE ON WHAT THE EXECUTIVE DIRECTOR IS PAID AS WELL	
AS TOP MANAGEMENT, IT IS DISCUSSED AT A BOARD MEETING BETWEEN EACH MEMBER	
AND THEN VOTED ON.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	
THE SUNSHINE KIDS FOUNDATION MAKES ALL FINANCIAL DOCUMENTS AVAILABLE TO THE	
PUBLIC WHEN IT IS REQUIRED, ALL OTHER DOCUMENTS ARE CONFIDENTIAL TO THE	
FOUNDATION, THE FOUNDATION DOES PREPARE AN ANNUAL REPORT EVERY YEAR THAT	And the second s
IS MAILED OUT AND IS ALSO AVAILABLE TO THE PUBLIC ON OUR WEBSITE	
(www.sunshinekids.org).	
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE OVERSIGHT PROCESS OR SELECTION PROCESS HAS NOT CHANGED	
DURING THE YEAR,	