

#### **Return of Private Foundation**

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

0052

OMB No. 1545-

Do not enter social security numbers on this form as it may be made public.

Open to Public Internal Revenue Service ► Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information. Inspection For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020 Name of foundation A Employer identification number IN A PERFECT WORLD FOUNDATION 20-4083846 Number and street (or P.O. box number if mail is not delivered to street address) 8491 W SUNSET BLVD BOX 515 Room/suite B Telephone number (see instructions) (866) 923-1555 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LOS ANGELES, CA 90069 **G** Check all that apply: Initial return ☐ Initial return of a former public charity **D 1.** Foreign organizations, check here..... Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ... Address change Name change E If private foundation status was terminated **H** Check type of organization: ✓ Section 501(c)(3) exempt private foundation under section 507(b)(1)(A), check here ...... Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation J Accounting method: ☐ Cash ☑ Accrual I Fair market value of all assets at end If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...... of year (from Part II, col. (c), Other (specify) line 16) **\$** 3,050,583 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) may not expenses per purposes (cash basis only) income income books necessarily equal the amounts in column (a) (see Contributions, gifts, grants, etc., received (attach 1 593,750 schedule) Check ightharpoonup if the foundation is m not required to attach 2 . . . . . . . . . . . . . 34 Interest on savings and temporary cash investments 69,843 69,843 Dividends and interest from securities 4 5a Gross rents . . . . . . Net rental income or (loss) b 27,919 Net gain or (loss) from sale of assets not on line 10 6a Revenue Gross sales price for all assets on line 6a 27,919 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain . . 8 Income modifications . 9 10a Gross sales less returns and allowances Less: Cost of goods sold . b Gross profit or (loss) (attach schedule) . . . . . c -60,309 Other income (attach schedule) 11 631,237 97.796 **Total.** Add lines 1 through 11 12 Compensation of officers, directors, trustees, etc. 13 89.000 71.200 28,681 24,614 0 Other employee salaries and wages 14 Pension plans, employee benefits . 15 Operating and Administrative Expenses 26,626 22,009 Legal fees (attach schedule) . . . 16a 38,930 38,930 Accounting fees (attach schedule) . . . . 9 b **%** 75,185 17,183 46,687 Other professional fees (attach schedule) c 17 90 9,781 7,826 Taxes (attach schedule) (see instructions) 18 Depreciation (attach schedule) and depletion . 19 3,568 3,568 20 Occupancy . . . . . . . . . . . . 12,200 12,200 21 Travel, conferences, and meetings . 22 Printing and publications . . . . 214,309 168,689 Other expenses (attach schedule) . 23 Total operating and administrative expenses. 17,183 395,723 Add lines 13 through 23 . . 498,280 35,012 35,012 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 26 533,292 17,183 430,735 Subtract line 26 from line 12: 27 а Excess of revenue over expenses and disbursements 97,945 Net investment income (if negative, enter -0-) b 80,613 Adjusted net income (if negative, enter -0-) c

FOFI	n 990-	PF (2020)	r		Page <b>Z</b>
Pa	rt II	<b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	End o (b) Book Value	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	129,503	159,006	159,006
	2	Savings and temporary cash investments	5,836	3,246	3,246
	2	Savings and temporary cash investments	2,202	2,2 : 3	5/2.13
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable 34,800			
		Less: allowance for doubtful accounts	51,250	34,800	34,800
	5	Grants receivable			
	-				
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,				
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
2000000	_		19,130	4,858	4,858
ste	9	Prepaid expenses and deferred charges	19,130	4,636	4,030
Assets	10a	Investments—U.S. and state government obligations (attach			_
A		schedule)		45	
	b	Investments—corporate stock (attach schedule)	2,399,342	2,799,612	2,799,612
	С	Investments—corporate bonds (attach schedule)	50,287	<b>%</b> 31,598	31,598
	-				
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis			
	14	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe	<b>%</b> 17,463	<b>%</b> 17,463	<b>%</b> 17,463
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	2,672,811	3,050,583	3,050,583
	17	Accounts payable and accrued expenses	7,649	16,204	
10000	18	Grants payable			
ies	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	1,749		
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_					
	22	,	<b>%</b> 25,707	<b>%</b> 36,669	
	23	<b>Total liabilities</b> (add lines 17 through 22)	35,105	52,873	
		Foundations that follow FASB ASC 958, check here 🕨 🔽			
95		and complete lines 24, 25, 29 and 30.			
nc	24	Net assets without donor restrictions	2,587,706	2,962,710	
ala			50.000	25.000	
d B	25	Net assets with donor restrictions	50,000	35,000	
n		Foundations that do not follow FASB ASC 958, check here			
ΓF		and complete lines 26 through 30.			
0 8	26	Capital stock, trust principal, or current funds			
set	20				
Net Assets or Fund Balances	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
et	28	Retained earnings, accumulated income, endowment, or other funds $\label{eq:complex} % \begin{subarray}{ll} \end{subarray} subarra$			
2	29	Total net assets or fund balances (see instructions)	2,637,706	2,997,710	
	30	Total liabilities and net assets/fund balances (see instructions) .	2,672,811	3,050,583	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	5		
1		net assets or fund balances at beginning of year—Part II, column (a)			
_		, , , , , , , , , , , , , , , , , , , ,			2,637,706
2 3		r amount from Part I, line 27a     .   .  .   .   .   .  .   .  .   .   .   .  r increases not included in line 2 (itemize) ▶			97,945 262,059
4		lines 1, 2, and 3			2,997,710
5		eases not included in line 2 (itemize)		5	0
6		I net assets or fund balances at end of year (line 4 minus line 5)—Par			2,997,710
				·	m <b>990-PF</b> (2020)

Pailiv	Capital Gaills a	illu Lusses iui	rax on investment	Tilcome
(	(a) List and describe t	he kind(s) of prope	rty sold (e.g., real estate	2,

Date acquired

а

b

C

d

е

а

b

c

d

е

How acquired P-Purchase

(mo., day, yr.)

(d) Date sold (mo., day, yr.)

-616

23,758

-5,080

2,662

7,195

-616

23,758

-5,080

2,662

7,195

27,919

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2-story brick warehouse; or common stock, 200 shs. MLC Co.)

D-Donation

(c)

1 a MORGAN STANLEY **b** MORGAN STANLEY

F.M.V. as of 12/31/69

in Part I, line 8

(a)

Reserved

1 Reserved

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

40,571

Capital gain net income or (net capital loss)

7,195

(b)

(h)

c ROYAL ALLIANCE d ROYAL ALLIANCE e CAPITAL GAINS DIVIDENDS (f) (g) (e) Cost or other basis Gain or (loss)

Depreciation allowed Gross sales price (or allowable)

154,698 91,412 372,678

(j)

Adjusted basis

as of 12/31/69

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-

(b)

Reserved

plus expense of sale 155,314 67,654 377,758

If gain, also enter in Part I, line 7

If (loss), enter -0- in Part I, line 7

(c)

Reserved

(e) plus (f) minus (g)

37,909 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k) Excess of col. (i) over col. (j), if any

**(I)** Gains (Col. (h) gain minus col. (k), but not less than -0-) or

Losses (from col.(h))

(d)

Reserved

2

7

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

Form	990-PF (2020)		Р	age !
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address FIAPW.ORG			
14		298-		
	The books are in care of ► ALTRUIC ADVISORS Telephone no. ► 5297			
	Located at 4088 WASHTENAW AVE ANN ARBOR MI ZIP+4 48108			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			•
15		•	•	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.) Yes V			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020?			
	and 6e, Part XIII) for tax year(s) beginning before 2020?			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	▶ 20 <u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period?( <i>Use Schedule C, Form 4720, to determine</i>			
4-	if the foundation had excess business holdings in 2020.)	3b	<del>                                     </del>	N'-
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		No
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

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Par	t VII-B	Statements Rega	rdin	g Activities for Wh	nich Form 4720 Ma	y Be Required (contin	าued	<u>()</u>		
5a	During the	e year did the foundation	pay	or incur any amount to:					Yes	No
	(1) Carry	on propaganda, or othe	rwise	attempt to influence le	gislation (section 4945(	e))?	No			
		nce the outcome of any	-		•					
	•	rectly or indirectly, any		-		· · · Tes	No			
		le a grant to an individua		•		☐ Yes ☑	No			
		le a grant to an organiza					-			
		tion 4945(d)(4)(A)? Se				· · · Yes	No			
		le for any purpose other tional purposes, or for tl		= '	* * * * * * * * * * * * * * * * * * * *		1			
b		• • •		•		e exceptions described in	No			
-	•	ns section 53.4945 or ir	-	=		•		5b		
	_	ions relying on a curren						33		
С	•	wer is "Yes" to question								
		se it maintained expend	•	•	•		No			
	If "Yes," a	ttach the statement requi	red b	y Regulations section 53.	4945-5(d).	i les i	140			
6a	Did the fo	undation, during the yea	r, red	ceive any funds, directly	or indirectly, to pay pre	miums on				
	a persona	l benefit contract?				·	No			
b	Did the fo	undation, during the yea	r, pa	y premiums, directly or	indirectly, on a personal			6b		No
	If "Yes" to	6b, file Form 8870.								
7a	At any tim	ne during the tax year, w	as th	e foundation a party to	a prohibited tax shelter	transaction? Tyes	No			
b	If "Yes", o	did the foundation receiv	e an	proceeds or have any	net income attributable	to the transaction?		<b>7</b> b		
8	Is the fou	ndation subject to the s	ectio	n 4960 tax on payment(	s) of more than \$1,000	,000 in remuneration or				
	excess pa	rachute payment during	the	year?		· · · 🗌 Yes 🔽	No			
Dar			Off	icers, Directors, T	rustees, Foundatio	n Managers, Highly	Paid	d Emp	oloye	es,
Fai	CVIII	and Contractors								
1	List all off	icers, directors, trustees	, fou	ndation managers and t	heir compensation. See	instructions				
				<b>b)</b> Title, and average	(c) Compensation (If	(d) Contributions to		<b>\</b> Evnon		
	<b>(a)</b> Na	me and address		hours per week	not paid, enter	employee benefit plans and deferred		) Exper other a		
				devoted to position	-0-)	compensation				
	ELA TESTOLIN		PRES 40.0	SIDENT	89,000		0			0
	V SUNSET BL NGELES, CA		40.0	U						
	AN BAILEY	30003	CHA	IR .	0		0			0
8491 \	W SUNSET BL	VD BOX 515	1.00							ŭ
	NGELES, CA									
	TINE ONESK		TRE#	ASURER	0		0			0
	V SUNSET BL NGELES, CA									
LINDA	LIVINGSTON			RD MEMBER	0		0			0
	V SUNSET BL		1.00							
	TAYLOR	90069	POA!	RD MEMBER			_			
	V SUNSET BL	VD BOX 515	1.00	ND MEMBER	0		0			0
	NGELES, CA									
2	Compensa	tion of five highest-paid	emp	loyees (other than thos	e included on line 1—se	e instructions). If none, er	ıter "	'NONE.	."	
<b>(-</b> )	N = =			(b) Title, and average		(d) Contributions to	(-)	F		
(a)		l address of each emplo <sup>,</sup> more than \$50,000	yee	hours per week	(c) Compensation	employee benefit plans and deferred		Expense ther all		
	P = - = -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		devoted to position		compensation				
NON	E									
							ı			
							ı			
							ı,			
							ı			
Tot-	numbar -	f other employees as:	21/27	<u> </u>						
rotal	number 0	f other employees paid	over	φυυ,υυυ	<u> </u>			000		0

Part VIII  Part VIII  Part VIII  Part VIII	rustees, Foundation Managers, Highly	Page 7 Paid Employees,
and Contractors (continued)  3 Five highest-paid independent contractors for professional ser	vices (see instructions) If none enter "NONE"	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ALTIMETER CONSULTING	CONSULTING	56,575
5138 FLORA AVE		30,070
KANSAS CITY, MO 64118		
	-	
<b>Total</b> number of others receiving over \$50,000 for professional serv	vices	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Incluorganizations and other beneficiaries served, conferences convened, research paper		Expenses
1 REACH (RURAL EDUCATION AND COMMUNITY HARMONY)-	SEE STATEMENT	119,533
2 YOUTH AMBASSADORS- SEE STATEMENT		116,250
3 DREAMCATCHERS- SEE STATEMENT		51,936
4 LOVE 4 ONE ANOTHER- SEE STATEMENT		23,530
Part IX-B Summary of Program-Related Investme	nts (see instructions)	_
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2.	Amount
1		0
		-
2		0
		-
All other program-related investments. See instructions.		
3		
		-
Total. Add lines 1 through 3		0
		Form <b>990-PF</b> (2020)

4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	39,897
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,619,889
6	Minimum investment return. Enter 5% of line 5	6	130,994
В	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation arganizations check here.	ns and	certain foreign
Pal	organizations check here 🕨 🗌 and do not complete this part.)		

	instructions)	4	39,897
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,619,889
6	Minimum investment return. Enter 5% of line 5	6	130,994
		ns and	certain foreign
Par	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4  5 2,619,889		
1	Minimum investment return from Part X, line 6	1	130,994
	1 1		

5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,619,889
6	Minimum investment return. Enter 5% of line 5	6	130,994
Pai	<b>TXI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation organizations check here  and do not complete this part.)	ns and	certain foreign
1	Minimum investment return from Part X, line 6	1	130,994
2a	Tax on investment income for 2020 from Part VI, line 5 2a 1,121		

2b

2c

3

4

5

6 7

1a

1b

2

За

3b 4

> 5 6

1,121

129,873

129,873

129,873

430,735

430,735

430,735

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Income tax for 2020. (This does not include the tax from Part VI.)

**Qualifying Distributions** (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . .

3

4

5

6

7

1

2

3

5

6

Part XII

Recoveries of amounts treated as qualifying distributions. . . . . .

Deduction from distributable amount (see instructions). . . . . . . . . .

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . .

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

For	m 990-PF (2020)					Page <b>9</b>
P	art XIII Undistributed	Income (see instr	uctions)			
			<b>(a)</b> Corpus	(b) Years prior to 2019	<b>(c)</b> 2019	<b>(d)</b> 2020
1	Distributable amount for 2020	from Part XI, line 7	Corpus	rears prior to 2019	2013	129,873
	Undistributed income, if any, as	_				·
	Enter amount for 2019 only.				0	
b	Total for prior years: 20			0		
	Excess distributions carryover,					
a	•	40,860				
b		352,039				
c	From 2017	294,758				
d	From 2018	329,480				
е	From 2019	508,653				
f	<b>Total</b> of lines 3a through e		1,525,790			
	Qualifying distributions for 202					
	XII, line 4: 🕨 \$	430,735				
а	Applied to 2019, but not more	than line 2a			0	
b	Applied to undistributed income	e of prior years		0		
	(Election required—see instruc	tions)				
С	Treated as distributions out of	' '	0			
	required—see instructions).					120.072
d	Applied to 2020 distributable a	amount				129,873
	Remaining amount distributed	out of cornus	300,862			
	Excess distributions carryover	· · · · · · · · · · · · · · · · · · ·	0			0
3	(If an amount appears in column	· ·				
	same amount must be show					
6	Enter the net total of each colu	` ' '				
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e	e. Subtract line 5	1,826,652			
b	Prior years' undistributed incom			0		
	line 4b from line 2b			U		
С	Enter the amount of prior years income for which a notice of de					
	been issued, or on which the s					
	tax has been previously asses	` '		0		
d	Subtract line 6c from line 6b. T			0		
	—see instructions			O .		
е	Undistributed income for 2019 4a from line 2a. Taxable amour					
	instructions				0	
f	Undistributed income for 2021					
	lines 4d and 5 from line 1. This	amount must				0
	be distributed in 2020					0
٠						
,	Amounts treated as distribution corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(g	. ,				
	be required - see instructions)		0			
8	Excess distributions carryover	from 2015 not	40,860			
	applied on line 5 or line 7 (see	instructions)	40,000			
٠.		to 2021				
9	Excess distributions carryover to Subtract lines 7 and 8 from line		1,785,792			
	· · · ·					
10	Analysis of line 9:					
а	Excess from 2016	352,039				
b	Excess from 2017	294,758				
	5	220,400				
	Excess from 2018	329,480 508,653				
d	Excess from 2019	500,053				

300,862

e Excess from 2020

c "Support" alternative test—enter: (3) Largest amount of support from an exempt organization

	information Regarding Foundation Managers:	
а	List any managers of the foundation who have of	CC

(4) Gross investment income

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

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

assets at any time during the year—see instructions.)

2	Informatio	n Regarding	Contribution,	Grant, Gift,	Loan, Scho	olarship,	etc.,	Program	ıs:
		No.							

Check here ▶ 🗹 if the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

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

c Any submission deadlines:

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

			Page <b>11</b>						
mation (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment									
If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount						
any foundation manager or substantial contributor	recipient	contribution	Amount						
	Γ								
NONE	PUBLIC CHARITY	SCHOOL CONSTRUCTION AND TEACHER TRAINING	29,426						
NONE	PUBLIC CHARITY	FUNDING SCHOOLS OF CHOICE AND SCHOOL PROJECTS	1,906						
NONE	PUBLIC CHARITY	FUNDING YOUNG WOMEN THROUGH RESOURCE PROGRAMS, MENTORHSIP, WORKSHOPS	1,000						
NONE	PUBLIC CHARITY	CHILDRENS PEACE INITIATIVES	1,930						
NONE	PUBLIC CHARITY	CHILDREN'S PROGRAM	498						
NONE	PUBLIC CHARITY	HELPING DISADVANTAGE CHILDREN THROUGHOUT THE WORLD	252						
		▶ 3a	35,012						
			33,011						
		▶ 3b	0						
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PUBLIC CHARITY  NONE  PUBLIC CHARITY  NONE  PUBLIC CHARITY  NONE  PUBLIC CHARITY  PUBLIC CHARITY	If recipient is an individual, show any relationship to any foundation manager or substantial contributor  NONE  PUBLIC CHARITY  NONE  PUBLIC CHARITY  PUBLIC CHARITY  NONE  PUBLIC CHARITY  NONE  PUBLIC FUNDING SCHOOLS OF CHOICE AND SCHOOL PROJECTS  NONE  PUBLIC FUNDING YOUNG WOMEN THROUGH RESOURCE PROGRAMS, MENTORHSIP, WORKSHOPS  NONE  PUBLIC CHARITY  NONE  PUBLIC CHILDRENS PEACE INITIATIVES  NONE  PUBLIC CHILDREN'S PROGRAM  CHARITY  NONE  PUBLIC CHILDREN'S PROGRAM  CHARITY  NONE  PUBLIC CHILDREN THROUGHOUT THE WORLD						

Enter gros	s amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by section	(e) Related or exemp	
<b>1</b> Progran	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a		5545				
с						
d						
е						
f						
-	and contracts from government agencies					
	rship dues and assessments					
	st on savings and temporary cash			14	24	
	nds and interest from securities			14	34	
· · · ·	ius and interest from securities			14	69,843	
5 Net ren	ital income or (loss) from real estate:				·	
<b>a</b> Debt-	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal					
property	nyaatmant ingama					
	nvestment income r (loss) from sales of assets other than					
invento				18	27,919	
9 Net inc	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
<b>11</b> Other i						
a OTHER	₹	900099		01	200	
	RAISER-NON CONTR-STATM 17	900099		01	19,804	
	T COSTS-FUNDRAISER-STATM 17	900099		01	-80,313	
	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0		37,487	37,487
	orksheet in line 13 instructions to verify ca			13	·	37,467
	Relationship of Activities to		lishment of E	xempt Purpose	s	
Line No.	Explain below how each activity for which the accomplishment of the foundation's of the foundation of th					
	instructions.)					

_ \	,
	Information Regarding Transfers To and Transactions and Relationships With
<b>I</b>	Noncharitable Exempt Organizations

Part AVII	Noncharitable	Exempt (	)rga	anizatio	ns								
	ganization directly or 1(c) (other than sect	indirectly eng	jage	in any of	the following							Yes	No
	rom the reporting fou		_		-								
(1) Cash.											1a(1)		No
<b>(2)</b> Other	assets										1a(2)		No
<b>b</b> Other tran	sactions:												
(1) Sales	of assets to a noncha	aritable exem	pt o	rganizatio	n						1b(1)		No
<b>(2)</b> Purch	ases of assets from a	noncharitab	le ex	empt orga	anization						1b(2)		No
<b>(3)</b> Renta	l of facilities, equipm	ent, or other	asse	ets							1b(3)		No
	oursement arrangeme									•	1b(4)		No
	or loan guarantees.										1b(5)		No
	mance of services or	•		_							1b(6)		No
_	facilities, equipment, ver to any of the abov	_								 	1c	l	No
of the good in any tran	ds, other assets, or so saction or sharing ar	ervices given rangement, s	by t how	he reporti in column	ng foundation ( <b>d)</b> the valu	n. If t	he found he goods	lation red s, other a	ceived less than fassets, or service	air mark s receive	et value ed.	9	
(a) Line No.	(b) Amount involved	(c) Name of n	oncha	aritable exer	mpt organization	1	(d) Desc	cription of	transfers, transaction	s, and sha	rıng arraı	ngement	S
<b>2a</b> Is the foun	idation directly or ind	ı irectly affiliat	ed w	ith, or rel	ated to, one	or mo	ore tax-e	xempt or	rganizations				
	in section 501(c) (ot	•		•	•				-	Yes	N	0	
	omplete the following				-								
	(a) Name of organization			(l	<b>b)</b> Type of organ	izatior	n		(c) Description	on of relation	onship		
the b	r penalties of perjury est of my knowledge mation of which prepa	and belief, it	is tru	ue, correct									
Here L					2021-10-2	9	k_			May the	e IRS disci e preparer	uss this re	eturn
	ignature of officer or	trustee			Date		P Ti	tle			str.) <b>Y</b>		elow
	Print/Type prepare	r's name	Pre	parer's Si	gnature		Date		Check if self-	PTIN	D001-	0.4.5	
Paid	MICHAEL BERR	Y							employed ▶✓		P0017	9412	
Preparer Use Only	Firm's name ► MIC	CHAEL BERR	Y C	PA						Firm's	EIN ►		
CSC Only	Firm's address ▶ F	PO BOX 504	5										
		ULVER CITY		90230						Phone (310)	no. 745-40	027	

**Additional Data** Return to Form Software ID: Software Version: Form 990PF - Special Condition Description: **Special Condition Description** 

# Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service

Name of the organization

IN A PERFECT WORLD FOUNDATION

Organization type (check one):

GO to <u>www.ns..gov/n ormaso</u> for the fatest information.

2020
Employer identification number

20-4083846

OMB No. 1545-0047

Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,

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* 

during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or

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

for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

	990, 990-EZ, or 990-PF) (2020)	Employer id	Page 2
Part I	ORLD FOUNDATION	20-408384	
Contributors (a) No.	Contributors (see instructions). Use duplicate copies of Part I if additional space  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DORIS DUKE FOUNDATION  650 FIFTH AVENUE 19TH FLOOR	\$ 50,000	Person Payroll
	NEW YORK, NY 10019		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4  ESTATE OF SHARON KEITH	(c) Total contributions	(d) Type of contribution  ✓ Person
2	8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069	\$ 11,087	Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.)  (d)  Type of contribution
3	ESTATE OF SHARON KEITH  8491 W SUNSET BLVD 515	-	Person Payroll
	LOS ANGELES, C A 90069	\$ 152,839	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)  Name, address, and ZIP + 4  PATRINA CLARK	(c) Total contributions	(d) Type of contribution  ✓ Person
4	10212 BROWNS MILL RD  VIENNA, V A 22182	\$ 27,628	☐ Payroll ☐ Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.)  (d)  Type of contribution
<u>5</u>	IRIS AND MICHAEL SMITH  1215 SPRUCE STREET STE 200	-	Person  Payroll
	BOULDER, C O 80302	\$ 25,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 OMARR BAKER	(c) Total contributions	(d) Type of contribution  ✓ Person
<u>6</u>	8491 W SUNSET BLVD 515	\$ 15,000	Payroll Noncash
	LOS ANGELES, C A 90069		(Complete Part II for noncash contributions.) orm 990, 990-EZ, or 990-PF) (2020)
Name of organizat IN A PERFECT W  Part I	ORLD FOUNDATION	20-408384	entification number · 6
Contributors (a) No.	Contributors (see instructions). Use duplicate copies of Part I if additional space  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	400 CAPITAL MANAGEMENT  7713 CARLTON PLACE	\$ 14,100	Person Payroll
	MCCLEAN, V A 22102		Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 THE SAMUEL AND LATANYA R JACKSON FOUNDATION	(c) Total contributions	(d) Type of contribution  ✓ Person
8	8491 W SUNSET BLVD 515  LOS ANGELES, C A 90049	\$ 14,100	Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions.)  (d)  Type of contribution
9	WILLIAM SANDERS  510 MADISON AVENUE 17TH FLOOR	-	Person  Payroll
	NEW YORK, NY 10022	\$ 15,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 DEBORAH SANTANA	(c) Total contributions	(d) Type of contribution  ✓ Person
<u>10</u>	14320 VENTURA BLVD SUITE 471	\$ 10,860	Payroll Noncash
(a)	SHERMAN OAKS, CA 94123  (b)	(c)	(Complete Part II for noncash contributions.)  (d)
No.	Name, address, and ZIP + 4  RICHARD ROME  1201 F STREET NW	Total contributions	Type of contribution  ✓ Person  Payroll
	WASHINGTON, DC 20004	\$ 8,025	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4 REBECCA SANDERS	(c) Total contributions	(d) Type of contribution  ✓ Person
<u>12</u>	8491 W SUNSET BLVD 515	\$ 10,000	Payroll Noncash
	LOS ANGELES, C A 90069	Schedule B (Fo	(Complete Part II for noncash contributions.) orm 990, 990-EZ, or 990-PF) (2020)
Name of organizat IN A PERFECT W	ion ORLD FOUNDATION	<b>Employer id</b> 20-408384	entification number 6
Contributors (a) No.	Contributors (see instructions). Use duplicate copies of Part I if additional space  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>	ANGUS MITCHELL  8491 W SUNSET BLVD 515	\$ 9,460	Person Payroll
	LOC ANGELES CARROLS	Ψ 0,100	Noncash
(a) No.	LOS ANGELES, C A 90069		(Complete Part II for noncash contributions.)
	(b)  Name, address, and ZIP + 4  EMMA GREDE	(c) Total contributions	(Complete Part II for noncash
14	(b) Name, address, and ZIP + 4		(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash
	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b)	Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)
14 (a)	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069	\$ 9,730  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  ─ Payroll  ─ Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  ─ Payroll
(a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON	\$ 9,730  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person
(a) No. 15	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91	\$ 9,730  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4	(c) Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash Noncash
(a) No. 15	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b)	(c) Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  (c) Total contributions  \$ 7,480  (c)	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d)  (complete Part II for noncash contributions.)
(a) No. 16 (a)	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364	(c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Person Payroll Person Payroll
14 (a) No. 15 (a) No. 16 (a) No. 17	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069	\$ 9,730  (c) Total contributions  \$ 9,100  (c) Total contributions  (c) Total contributions  \$ 7,480  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)
14 (a) No. 15 (a) No. 16 (a) No. 17 (a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515	(c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person  Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person  Payroll Noncash (Complete Part II for noncash contributions.)
14 (a) No. 15 (a) No. 16 (a) No. 17	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4	\$ 9,730  (c) Total contributions  \$ 9,100  (c) Total contributions  (c) Total contributions  \$ 7,480  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash Noncash
14 (a) No. 15 (a) No. 16 (a) No. 17 (a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, C A 94596	(c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  \$ 5,126	(Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  ✓ Person  Payroll  Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  18  Name of organizat IN A PERFECT W	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, C A 94596	(c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020)  entification number
(a) No.  15  (a) No.  16  (a) No.  18  Name of organizatin A PERFECT W	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, C A 94596  (b) Name, address, and ZIP + 4  SCONTIBUTORS (see instructions). Use duplicate copies of Part I if additional space (b) Name, address, and ZIP + 4	(c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  complete Part II for noncash contributions.)  person Payroll Noncash (Complete Part II for noncash contributions.)  person Payroll Noncash (Complete Part II for noncash contributions.)  person Payroll Noncash (Complete Part II for noncash contributions.)  person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  17  (a) No.  18  Name of organizat IN A PERFECT W  Part I  Contributors (a)	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, C A 94596  (c) Contributors (see instructions). Use duplicate copies of Part I if additional space  (b)	Total contributions  \$ 9,730  (c) Total contributions  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions  \$ 5,126  Schedule B (Formation of the contribution of the	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020)  entification number  (d) Type of contribution
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  17  (a) No.  18  Name of organizat IN A PERFECT W  Part I  Contributors (a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, CA 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, CA 94596  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions  \$ 5,126  Schedule B (Formula (C)	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020)  entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020)  entification number  (d)  (d) Type of contribution
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  17  (b)  (a) No.  18  Contributors (a) No.  19	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, CA 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, CA 94596  Ion ORLD FOUNDATION  Contributors (see instructions). Use duplicate copies of Part I if additional space  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  Contributions  \$ 5,126  Schedule B (Fonce is needed.)  Contributions  \$ 5,000	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  18  Name of organizat IN A PERFECT W Part I Contributors (a) No.  19  (a)	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, CA 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, CA 94596  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions  \$ 5,126  Schedule B (Formula (C)	(Complete Part II for noncash contributions.)  (Description of contribution of the part II for noncash contributions.)  (Complete Part II for noncash contributions.)  (Complete Part II for noncash contributions.)  (Complete Part II for noncash contributions.)  (Description of contribution of the part II for noncash contributions.)  (Complete Part II for noncash contributions.)  (Description of contribution of the part II for noncash contributions.)  (Complete Part II for noncash contributions.)  (Description of contribution of the payroll of contributions.)  (Complete Part II for noncash contributions.)
(a)   No.   15   (a)   No.   16   (a)   No.   17   (a)   No.   18     Contributors   (a)   No.   19   (a)   No.   10   (b)   No.   10   (c)   (d)   No.   10   (d)   (d)   No.   10   (d)	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, C A 94596  Contributors (see instructions). Use duplicate copies of Part I if additional space (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  (c) Total contributions  \$ 5,126  Schedule B (Formal Employer id 20 - 40 8 3 8 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	(Complete Part II for noncash contributions.)  (In the contribution of the contribution of the contributions.)  (In the contribution of the contribution of the contributions.)  (In the contribution of the contribution of the contributions.)  (In the contribution of the contribution of the contribution of the contributions.)  (In the contribution of the contribution of the contributions.)  (In the contribution of the contri
(a) No.  15  (a) No.  16  (a) No.  17  (a) No.  18  Name of organizat IN A PERFECT W  Part I  Contributors (a) No.  19  (a) No.	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, CA 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, CA 94596  ION ORLD FOUNDATION  Contributors (see instructions). Use duplicate copies of Part I if additional space (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4	Total contributions  \$ 9,730  (c) Total contributions  (c) Total contributions  (c) Total contributions  (c) Total contributions  \$ 6,640  (c) Total contributions  Schedule B (Formation of the contribution	(Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  Orm 990, 990-EZ, or 990-PF) (2020)  Pentification number  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (Id) Type of contribution
(a)   No.   15   (a)   No.   16   (a)   No.   17   (a)   No.   18   (a)   No.   19   (a)   No.   20   (a)   No.   21   (a)   No.   22   (a)   No.   24   (a)   No.   25   (a)   No.   26   (a)   No.   27   (a)   No.   28   (a)   No.   29   (a)   No.   20   (a)   No.   21   (a)   No.   21   (a)   No.   22   (a)   No.   24   (a)   No.   25   (a)   No.   26   (a)   No.   27   (a)   No.   28   (a)   No.   29   (a)   No.   20   (a)   (a)   (a)   (a)   (a)   (b)   (	(b) Name, address, and ZIP + 4  EMMA GREDE 8491 W SUNSET BLVD 515 LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, C A 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD 8491 W SUNSET BLVD 515  WOODLAND HILLS, C A 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS 8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  SERVICEMAX 1630 N MAIN STREET WALNUT CREEK, C A 94596  (b) Name, address, and ZIP + 4  NEIL BARUA 8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  TIARY 8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  TIARY 8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  TIARY 8491 W SUNSET BLVD 515  LOS ANGELES, C A 90069  (b) Name, address, and ZIP + 4  BRION WISE 774 MAYS BLVD INCLINE VILLAGE, N V 894519669	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  Contributions  Schedule B (Fond 20-408384)  Total contributions  (c) Total contributions  \$ 5,126  Contributions  \$ 5,000  Total contributions  \$ 5,000  \$ 5,000	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
(a)   No.   15   (a)   No.   16   (a)   No.   17   (a)   No.   18   (a)   No.   19   (a)   No.   20   (a)   No.   10   (a)   No.   20   (a)   No.   10   (a)   No.   20   (a)   (	(b) Name, address, and ZIP + 4  EMMA GREDE  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  COOKIE & MAGIC JOHNSON  C/O GRANT TANI BARASH ALTMAN LLC 91  BEVERLY HILLS, CA 90212  (b) Name, address, and ZIP + 4  BERNADETTE LEONARD  8491 W SUNSET BLVD 515  WOODLAND HILLS, CA 91364  (b) Name, address, and ZIP + 4  B WISE VINEYARDS  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  SERVICEMAX  1630 N MAIN STREET  WALNUT CREEK, CA 94596  (b) Name, address, and ZIP + 4  NEIL BARUA  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  TIARY  8491 W SUNSET BLVD 515  LOS ANGELES, CA 90069  (b) Name, address, and ZIP + 4  BRION WISE  774 MAYS BLVD  INCLINE VILLAGE, NV 894519669  (b) Name, address, and ZIP + 4  COMPASS CALABASAS	Total contributions  \$ 9,730  (c) Total contributions  \$ 9,100  (c) Total contributions  \$ 7,480  (c) Total contributions  \$ 6,640  Contributions  Schedule B (Fond 20 - 40 8 3 8 4 4 4 6 6 18 18 18 18 18 18 18 18 18 18 18 18 18	(Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  orm 990, 990-EZ, or 990-PF) (2020) entification number  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution
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Name of organization

Part II

(a)

No. from

Part I

VARIOUS PUBLICLY TRADED SECURITIES

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Description of noncash property given

(b)

Description of noncash property given

20-4083846

(c) FMV (or estimate) (See instructions)

\$ 152.839

Page 3

(d)

Date received

2020-06-18

(d)

Date received

(d)

(d)

Date received

(d)

Date received

(d)

Date received

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

(c) FMV (or estimate) (See instructions)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

**Employer identification number** 

(c) FMV (or estimate) Date received

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page		
	rganization FECT WORLD FOUNDATION		Employer identification number		
IN A PERI	FECT WORLD FOUNDATION		20-4083846		
Part III	Exclusively religious, charitable, etc., contr total more than \$1,000 for the year from an line entry. For organizations completing Pa of \$1,000 or less for the year. (Enter this in Use duplicate copies of Part III if additional space	y one contributor. Complete col art III, enter the total of exclusive formation once. See instruction	umns (a) through (e) and the following ly religious, charitable, etc., contributions		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
•					
		(e) Transfer of gift			
	Transferee's name, address, and ZIP		onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(a) No. from	Transferee's name, address, and ZIP 4  (b) Purpose of gift	(c) Use of gift	onship of transferor to transferee  (d) Description of how gift is held		
Part I	(a) : dipose of gift	(0) 000 01 g	(a) 2000. phon of non-grit to non-		
			-		
	- ( )	(e) Transfer of gift			
-	Transferee's name, address, and ZIP	4 Relati	onship of transferor to transferee		
(a)	(h) Dumana of wife	- (a) Has of sift	(d) December of how wife in held		
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-		(-) Turn ( ) ( )			
	Transferee's name, address, and ZIP		) Transfer of gift  Relationship of transferor to transferee		
			chedule B (Form 990, 990-EZ, or 990-PF) (202		

TY 2020 IRS 990 e-File Render

ACCOUNTING FEES

# Name: IN A PERFECT WORLD FOUNDATION

Disbursements for Charitable

Purposes

38,930

Cate	jory	Amount	Net Investment	Adjusted Net
			Income	Income

**EIN:** 20-4083846

38,930

## TY 2020 IRS 990 e-File Render

Name: IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Identifier	Return Reference	Explanation
SUMMARY OF FUNDRAISER	PART 1, LINES 1(A) AND 11(A)	DURING THE YEAR, THE ORGANIZATION HAD A FUNDRASING EVENT. BELOW IS A SUMMARY OF SUCH EVENT: CONTRIBUTIONS INCLUDED ON PART 1, LINE 1(A) 314,1230THER PROCEEDS SHOWN ON PART 1, LINE 11(A) 19,804 333,927DIRECT EXPENSE SHOWN ON PART 1, LINE 11(A) (80,313)
REACH (RURAL EDUCATION AND COMMUNITY HARMONY)	PART IX-A, LINE 1- DIRECT CHARITABLE ACTIVITIES	IN A PERFECT WORLD'S REACH PROGRAM BUILDS SCHOOLS IN SOME OF THE POOREST COUNTRIES IN THE WORLD. REACH TAKES A HOLISTIC VIEW TO COMMUNITY DEVELOPMENT BY BRINGING RESOURCES LIKE CLEAN WATER, SUSTAINABLE FARMING, PLAYGROUNDS, SCHOOL MEAL PROGRAMS, SOLAR POWER, HYGIENE EDUCATION AND MORE, TO OVERSEAS COMMUNITIES IN WHICH WE HAVE ENGAGED TO BUILD SCHOOLS. SO FAR, WE'VE BUILT MORE THAN 30 SCHOOLS IN MALI, MALAWI, SENEGAL, BURKINA FASO, HAITI, NICARAGUA, GUATEMALA, AND NEPAL. IN RESPONSE TO THE PANDEMIC, WE PIVOTED TO SUPPORT STUDENTS AND FAMILIES. IN MALAWI, WE PROVIDED FOOD & HYGIENE SUPPORT, DISTRIBUTED PPE FOR TEACHERS AND STUDENTS, AND INSTALLED ADDITIONAL CLEAN WATER PROJECTS. IN GUATEMALA, WE ASSISTED IN REMOTE EDUCATION THROUGH ONE-ONE-LESSONS, RADIO PROGRAMS AND TUTORING, AND EXPANDED OUR REACH BEYOND OUR OWN STUDENTS TO OVER 13,000 PLUS CHILDREN IN THE REGION. WE DRIVE IMPACT BY COLLABORATING WITH EXISTING, EFFECTIVE ORGANIZATIONS WHOSE MISSIONS ALIGN WITH OURS, RATHER THAN CREATING COMPETING PROGRAMS. THIS ALLOWS US TO AMPLIFY OUR IMPACT, EXPAND OUR REACH, AND STRETCH OUR DONORS' DOLLARS EVEN FURTHER.
YOUTH AMBASSADORS	PART IX-A, LINE 2- DIRECT CHARITABLE ACTIVITIES	IN A PERFECT WORLD'S YOUTH AMBASSADORS (YAMS) ARE YOUNG PEOPLE AGES 13-18 PASSIONATE ABOUT SOCIAL CHANGE. THEY LEARN ABOUT GLOBAL ISSUES AS THEY MOVE THROUGH A 2-YEAR CURRICULUM IN A BROAD RANGE OF AREAS THAT INCLUDES HEALTH, HUNGER, HOMELESSNESS, CLIMATE CHANGE, EQUALITY, EDUCATION AND POVERTY, INSPIRING AND EMPOWERING THEM TO BECOME COMPASSIONATE, SOCIALLY CONSCIOUS AND RESPONSIBLE LEADERS. THEIR CAPSTONE PROJECT INVOLVES ACTIVE PARTICIPATION IN AN OVERSEAS REACH PROGRAM PROJECT. IN THE MIDST OF THE PANDEMIC, WE COULD NO LONGER GATHER TO SERVE IN PERSON. WE SHIFTED OUR FOCUS TO WORKSHOPS GEARED TOWARDS BUILDING THEIR LEADERSHIP SKILLS, FROM CREATIVE WRITING TO SELF-CARE, AND MENTORED THEM TO COMPLETE INDIVIDUAL SERVICE PROJECTS. THEY MADE MASKS FOR ESSENTIAL WORKERS, SUPPORTED LOW INCOME STUDENTS, CONNECTED WITH ISOLATED SENIORS, IMPACTED THE TRANS COMMUNITY, CREATED CARE PACKAGES FOR MOMS & KIDS EXPERIENCING HOMELESSNESS AND RAISED MONEY & AWARENESS FOR FAMILIES IN NEED. THEY MANAGED TO DO ALL OF THIS WHILE JUGGLING REMOTE LEARNING.
DREAMCATCHERS	PART IX-A, LINE 3- DIRECT CHARITABLE ACTIVITIES	IN A PERFECT WORLD'S DREAMCATCHERS PROGRAM TEACHES KIDS AGES 5-12 IN THE U.S. AND CANADA ABOUT SOCIAL ISSUES FROM HUNGER AND POVERTY TO CLEAN WATER AND CLIMATE CHANGE AND GUIDES THEM INTO SERVICE. THROUGH STORYTELLING AND THE ARTS-BASED SERVICE PROJECTS, IN A PERFECT WORLD CULTIVATES THEIR NATURAL EMPATHY FOR OTHERS AND FOR THE EARTH, EMPOWERING THEM TO MAKE A DIFFERENCE. THE IAPW BACKPACK DRIVE IS A COMPONENT OF OUR DREAMCATCHERS PROGRAM. WHAT STARTED AS A 5-YEAR OLD'S SERVICE PROJECT HAS GROWN INTO AN ANNUAL STRATEGIC INITIATIVE THAT SUPPORTS OVER 1,000 CHILDREN FROM LOW-INCOME FAMILIES IN LOS ANGELES AND BEYOND. IN 2020, OUR BACKPACK DRIVE EXPANDED TO HELP VULNERABLE CHILDREN AND FAMILIES IN THE SAN FRANCISCO BAY AREA WITH FOOD SECURITY AND REMOTE EDUCATION NEEDS. THROUGH THESE YOUTH-LED FUNDRAISING EFFORTS, KIDS HAVE RAISED OVER \$36,000 FOR THEIR PEERS IN NEED.
LOVE 4 ONE ANOTHER	PART IX-A, LINE 4- DIRECT CHARITABLE ACTIVITIES	IN A PERFECT WORLD'S STRATEGIC INITIATIVE, LOVE 4 ONE ANOTHER, CULTIVATES CREATIVITY AS A MEANS TO EMPOWER CHILDREN BY PROVIDING ACCESS TO MUSIC, THE ARTS, MEDIA, AND TECHNOLOGY FOR LOW-INCOME SCHOOLS. WE SEEK SPECIFIC FUNDING OPPORTUNITIES TO SUPPLEMENT PUBLIC SCHOOL MUSIC AND ARTS PROGRAMS THAT ARE ACTIVELY BEING CUT ACROSS THE U.S. OUR IMPACT EXTENDS ACROSS THE UNITED STATES WITH RECENT PROJECTS IN L.A. AND MINNEAPOLIS. IN A PERFECT WORLD HAS SUPPORTED OVER 500 HIGH-POVERTY CLASSROOMS ACROSS THE NATION.
	FORM 990 PF, PAGE 1, ITEM F	THE ORGANIZATION ON SEPTEMBER 27, 2018 RECEIVED A 60-MONTH ADVANCE RULING THAT THEY WILL BE TREATED AS A PUBLIC CHARITY EFFECTIVE JANUARY 1, 2018 AND ENDING DECEMBER 31,2022. THE ORGANIZATION IS CHOOSING NOT TO PAY TAX IMPOSED BY SECTION 4940 AND HAS EXECUTED A FORM 872-B (CONSENT TO EXTEND THE TIME TO ASSESS MISCELLANEOUS EXCISE TAXES), A COPY OF SUCH EXECUTED FORM ATTACHED.BASED ON THE ABOVE PARAGRAPH, LINE 9 OF PART VI SHOULD SHOW AN AMOUNT DUE OF 0. FOR E-FILING PURPOSES ONLY, THE RETURN IS SHOWING AN AMOUNT OF \$1,121.

TY 2020 IRS 990 e-File Render

Name: IN A PERFECT WORLD FOUNDATION

EIN: 20-4083846

Name of Bond	End of Year Book Value	End of Year Fair Market Value

31,598

BNY MELLON DYNAMIC VALUE FUND CLASS I

# TY 2020 IRS 990 e-File Render

ARC HEALTHCARE TRUST

ALGER SPECTRA FUND CLASS I

ISHARES MSCI EMERGING MKTS ETF ISHAES RUSSELL 2000 VALUE ETF

THE FINANCIAL SEL SECT SPDR FD

THE TECHNOLOGY SEL SEC SPDR

NUEBERGER BRMN SUSTAIN EQ INST

LORD ABBETT GROWTH LEADERS FUND CLASS F

LORD ABBETT SHORT DURACTION INCOME CLASS F

LORD ABBETT SHORT DURACTION INCOME CLASS F

LORD ABBETT ULTRA SHORT BOND FUND CLASS A

ROYAL ALLIANCE #0573 MONEY MARKET FUND

ROYAL ALLIANCE #4713 MONEY MARKET FUND

MORGAN STANLEY MONEY MARKET FUND

LORD ABBETT CONVERTIBLE FUND CLASS F

INVESCO PREMIUM US GOVT

SPDR DJIA TRUST

**EIN:** 20-4083846

**End of Year Book** 

**Value** 

281,494

218,866

51,463

81,553

138,523

54,803

56,299

75,288

129,721

315,380

139,707

183,128

69,543

11,897

20,895

13,952

138,397

**End of Year Fair** 

**Market Value** 

281,494

218,866

51,463

81,553

138,523

54,803

56,299

75,288

129,721

315,380

139,707

183,128

69,543

11,897

20,895

13,952

138,397

Name: IN A PERFECT WORLD FOUNDATION

Name of Stock

		•
COLUMBIA CONTRARIAN CORE FUND CLASS R4	237,725	237,725
LORD ABBETT DIVIDEND GROWTH FUND CLASS F	212,170	212,170
LORD ABBETT FLOATING RATE FUND CLASS F	88	88
LORD ABBETT BOND DEBENTURE FUND CALSS F	139,624	139,624
MFS MID CAP VALUE FUND CLASS I	109,676	109,676
PGIM TOTAL RETURN BOND FUND CLASS R6	2,814	2,814
HEALTH CARE SELECT SECT SPDR	52,182	52,182
I SHARES MSCI EAFE EFT (EFA)	64,424	64,424

TY 2020 IRS 990 e-File Render

Name: IN A PERFECT WORLD FOUNDATION

26,626

**EIN:** 20-4083846

Category	Amount	Net Investment Income	Adju In

LEGAL FEES

usted Net Income

Disbursements for Charitable

Purposes

22,009

TY 2020 IRS 990 e-File Render

**EDUCATIONAL DOCUMENTARY** 

DOMAINS AND OR TRADEMARKS

LESS: ACCUMULATED AMORTIZATION

Name: IN A PERFECT WORLD FOUNDATION

150,000

-150,000

17,463

150,000

-150,000

17,463

- Fair

150,000

-150,000

17,463

**EIN:** 20-4083846

-			
Description	Beginning of Year -	End of Year - Book	End of Year -
	Book Value	Value	Market Valu

### TY 2020 IRS 990 e-File Render

Description

INSURANCE

CONSTRUCTION RE SCHOOLS

OPERATING COSTS-OTHER

TAXES, LICENSES, PERMITS

PROGRAM COSTS-OTHER

Name: IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Revenue and

xpenses per Books	Income	Income	Charitable Purposes
19,235	0		13,958
1,197	0		1,197
41,254	0		41,254
40,396	0		26,751
27,669	0		3,171
672	0		618
	1,197 41,254 40,396 27,669	1,197 0 41,254 0 40,396 0 27,669 0	1,197 0 41,254 0 40,396 0 27,669 0

3,502

71,623

4,181

4,381

199

Net Investment

0

0

0

0

0

Disbursements for

3,502

71,623

2,035

4,381

199

**Adjusted Net** 

TY 2020 IRS 990 e-File Render

FUNDRAISER-NON CONTR-STATM 17

DIRECT COSTS-FUNDRAISER-STATM 17

Name: IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Description	Revenue And	Net Investment	Adjusted Net
	Expenses Per Books	Income	Income
OTHER	200		2

19,804

-80,313

19,804

-80,313

Y 2020 IRS 990 e-File Rende	<mark>r  </mark>
Name:	IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Description

NET CHANGE IN UNREALIZED GAINS(LOSSES)

**Amount** 

TY 2020 IRS 990 e-File Render

Name: IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Descr

CREDIT CARD LIABILITIES

PAYROLL TAXES PAYABLE

**OTHER** 

PPP LOAN

ription	Beginning of Year

End of Year -

**Book Value** 

20,182

1,754 14,733

- Book Value

25,604

103

TY 2020 IRS 990 e-File Render

CONSULTANTS

OTHER

Name: IN A PERFECT WORLD FOUNDATION

**EIN:** 20-4083846

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ASSET MANAGEMENT FEES	17,183	17,183		0

45,260 1,427

56,575

1,427

1 2020 IKS 990 e-1 lie Kellui	51
Name:	IN A PERFECT WORLD FOUNDATION

TV 2020 TDS 000 a-File Dander

ESTATE OF SHARON KEITH

**EIN:** 20-4083846

**Address** 

8491 W SUNSET BLVD 515 LOS ANGELES, CA 90069

Name

TY 2020 IRS 990 e-File Render

Name: IN A PERFECT WORLD FOUNDATION

9,781

ETN: 20-4083846

	<b>E2141</b> 20 1005010		
Category	Amount	Net Investment	Adju

PAYROLL TAXES

Income

usted Net Income



7,826