# Form **990-EZ**

## **Short Form** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

OMB No. 1545-0047

Do not enter social security numbers on this form, as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

Α	For th	ne 2023 calen	dar year, or tax year begin	ning		, an	d ending	_	
В	Check i	if applicable:	C Name of organization					D Employer id	dentification number
	Addres	s change	B H FOXY FOUNDATION	IINC					
	Name o	change	Number and street (or P.O. box i	f mail is not delivered	to street address)		Room/suite	8	8-3176343
Χ	Initial re	eturn	9100 WHITWORTH DR				1	E Telephone n	
	Final retu	urn/terminated	City or town		State	ZIP cod	de	1	
	Amend	ed return	LOS ANGELES		CA	9003	5	(31	0) 600-7384
Ħ	Applica	ition pending	Foreign country name	Foreign provin	nce/state/county		n postal code	F Group Exe	
		, 3		3 1	,	5		Number	
_							4		
G		nting Method:	X Cash Accrual	Other (specify)			H	Check	if the organization is
1	Websi	te: HIIP	S://MOUNTOFANGELS.CO	<u></u>		•		•	o attach Schedule B
J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)	501(c) (	) (insert no.)	4947(a)(1)	or527	(Form 990).	
ĸ	Form o	f organization:	X Corporation	Trust	Association		ther		
		-		<u></u>	<b>—</b>	_		4 -	
L			7b to line 9 to determine gros			Juu or <b>mo</b> r	e, or if total as	sets	04.004
В		, column (B)) a	are \$500,000 or more, file For	m 990 instead of F	·orm 990-EZ				94,231
128	art I	Revenu	e, Expenses, and Cha	nges in Net As	ssets or Fund E	salances	s (see the in	istructions to	or Part I)
			the organization used S			question	in this Part	1	
	1		ns, gifts, grants, and simila					1	94,231
	2	Program se	rvice revenue including go	vernment fees ar	nd contracts			. 2	
	3	Membershi	p dues and assessments .					. 3	
	4		income					. 4	
	5а	Gross amou	unt from sale of assets othe	er than inventory		5a			
	b	Less: cost of	or other basis and sales ex	penses		5b			
	С	Gain or (los	s) from sale of assets othe	r than inventory	(subtract line 5b fr	om line 5a	a)	. 5c	0
	6	Gaming and	d fundraising events:						
	а	Gross incor	ne from gaming (attach Sc	hedule G if great	er than				
ne		\$15,000) .				6a			
Revenue	b	Gross incor	ne from fundraising events	(not including	\$	of cor	ntributions		
Şe,		from fundra	ising events reported on lir	ne 1) (attach Sch	edule G if the				
_		sum of such	n gross income and contrib	utions exceeds \$	315,000)	6b			
	С	Less: direct	expenses from gaming an	d fundraising eve	ents	6c			
	d	Net income	or (loss) from gaming and	fundraising even	nts (add lines 6a ar	nd 6b and	subtract		
		line 6c)						6d	0
	7a		of inventory, less returns	and allowances .		7a			
	b		of goods sold			7b			
	С	Gross profit	or (loss) from sales of inve	entory (subtract li	ine 7b from line 7a	)		. 7с	0
	8	Other rever	nue (describe in Schedule (	O)				8	
	9	Total reven	nue. Add lines 1, 2, 3, 4, 5c	, 6d, 7c, and 8 .				9	94,231
	10		similar amounts paid (list i						
	11		id to or for members						
es	12	Salaries, ot	her compensation, and em	ployee benefits .				12	9,821
ns	13	Professiona	al fees and other payments	to independent of	contractors			. 13	11,370
Expenses	14		, rent, utilities, and mainten						
Ĕ	15		blications, postage, and sh						1,239
	16		nses (describe in Schedule						46,457
	17		nses. Add lines 10 through						68,887
S	18	Excess or (	deficit) for the year (subtrac	ct line 17 from lin	e 9)			. 18	25,344
set	19		or fund balances at beginn						
Ass			figure reported on prior ye					. 19	
Net Assets	20	-	ges in net assets or fund ba	•					
Ž	21		or fund balances at end of	, ,	·				25,344

Form **990-EZ** (2023)

	DITION TOUNDATIO					00-317	0070	raye <b>Z</b>
Par		,						_
	Check if the organization used Schedule C	to respond to any	question in t	his Part II				
				-	(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments						22	25,344
23	Land and buildings			-   -   -   -   -   -   -   -   -   -			23	
24 25	Other assets (describe in Schedule O)					0	24 25	25,344
26	Total assets			H-		0	26	25,544
27	Net assets or fund balances (line 27 of colu			-   -   -   -   -   -   -   -   -   -		0		25,344
	rt III Statement of Program Service Accor							20,011
	Check if the organization used Schedul	•		,		X		Expenses
Wha	at is the organization's primary exempt purpose?	•				Ter		quired for section
	cribe the organization's program service accom			argest program s	ervice	es.		(c)(3) and 501(c)(4) anizations; optional
	neasured by expenses. In a clear and concise m							others.)
	ons benefited, and other relevant information fo		•	•	4			
28	OUR PROGRAMING AIMS TO SUPPORT EM							
	MENTORSHIP, AND OPPORTUNITIES THAT			PRACTICE AND	FUT	URE		
	PROFESSIONAL DEVELOPMENT. DURING 2					<b>/</b>		
	(Grants \$ ) If this ar	mount includes fore	eign grants, c	heck here			28a	27,484
29								
	· · · · · · · · · · · · · · · · · · ·				<del>)</del>	·		
	(Grants \$ ) If this ar	mount includes fore	eign grants, c	neck here			29a	
30								
	(Grants \$ ) If this ar	mount includes fore	aign grante c	hack bere			00-	
21	Other program services (describe in Schedule			neck nere		· · · <u> </u>	30a	
31		mount includes fore		v			31a	
32	Total program service expenses. (add lines 2					· · · · · · · · · · · · · · · · · · ·	32	27,484
	rt IV List of Officers, Directors, Trustees, a							
	Check if the organization used Schedule		A 1					· · · · · · · · · · · · · · · · · · ·
			,	(c) Reportable				<del>-</del>
	(a) Name and title		verage .	compensation	180/	<ul><li>(d) Health benefit contributions to</li></ul>	S,	(a) Estimated amount of
	(a) Name and title		er week to position	(Forms W-2/1099-M 1099-NEC)	130/	employee benefit pla		<ul><li>(e) Estimated amount of other compensation</li></ul>
			·	(if not paid, enter	-0-)	and deferred compens	sation	•
BRI	AN DRACH							
SEC	RETARY	Hr/WK	1.50		0		0	(
PAL	IL HARRISON							
DIR	ECTOR	Hr/WK	1.00		0		0	(
	ID LEE	2						
	ECTOR	Hr/WK	1.00		0		0	(
	RRE PATRICK							_
	ECTOR	Hr/WK	1.00		0		0	(
	MILLER						_	
	ASURER	Hr/WK	1.50		0		0	C
	NE TSU		4.00				•	,
	ECTOR	Hr/WK	1.00		0		0	(
	CKNEY JACOBS		4.00				^	
	ECTOR	Hr/WK	1.00		0		0	(
	IALD J. ANSPAUCH JR.		1.00		0		0	
	ECTOR CE PRICE	Hr/WK	1.00		0		0	(
	CE PRICE		1.00		0		0	(
	ECTOR SE COHEN	Hr/WK	1.00		0		U	·
	SE COHEN NR/EXECUTIVE DIRECTOR		35.00	6	250		0	C
CH	MINEALOUTIVE DINECTOR	Hr/WK	35.00	0,	200		U	·
		Hr////K						

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa	rt V .	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Χ
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 , section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed:  CA			
42a	The organization's books are in care of: JESSE COHEN Telephone no.	310) 6	00-738	34
	Located at: 9100 WHITWORTH DR, UNIT 1 City LOS ANGELES ST CA ZIP + 4 9003	35		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Χ
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and and another another and another and another and another and another another and another another another and another anothe		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Χ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions.	45b		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

LEWIS SHARPSTONE

Firm's address

Firm's name Lewis Sharpstone & Co.

5074 Tendilla Ave, Woodland Hills, CA 91364

**Preparer** 

**Use Only** 

P02256953

83-4701792

(818) 570-1960

9/17/2024

self-employed

Firm's EIN

Phone no.

## **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

ВН	H FOXY FOUNDATION INC 88-3176343								
	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
	orga	anization is not a private foundat	`	•			,		
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Щ	A school described in <b>section 1</b>		,					
3	Щ	A hospital or a cooperative hos			•	,,,,,,,,			
4	Ш	A medical research organization hospital's name, city, and state		nction with a hospital d	lescribed	in <b>section</b>	170(b)(1)(A)(iii). En	iter the	
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in <b>se</b>	ection 170	)(b)(1)(A)	(v).		
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b> (			m a gove	rnmental ı	unit or from the gene	ral public	
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)				
9		An agricultural research organizor university or a non-land-granuniversity:	t college of agricult	ure (see instructions).	Enter the	name, city	/, and state of the co	llege or	
10		An organization that normally receipts from activities related t support from gross investment acquired by the organization af	o its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	s; and (2) is section	no more than 33 1/3° 511 tax) from busine	% of its	
11		An organization organized and	operated exclusivel	y to test for public safe	ety. See <b>s</b> e	ection 509	9(a)(4).		
12		An organization organized and one or more publicly supported Check the box on lines 12a thro	organizations desc	ribed in section 509(a	)(1) or sec	ction 509	(a)(2). See section 5	509(a)(3).	
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a					
b	i	Type II. A supporting organize control or management of the organization(s). You must control Type III functionally integral	e supporting organi complete Part IV, S	zation vested in the sa ections A and C.	ime perso	ns that co	ntrol or manage the	supported	
		its supported organization(s						,,	
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sati	isfy a distr	ibution re	quirement and an att		
е		Check this box if the organize functionally integrated, or Ty	ation received a wr	itten determination fror	n the IRS	that it is a		e III	
f		Enter the number of supported							0
g		Provide the following information  Name of supported organization	n about the support	ed organization(s).  (iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
<b>-</b> -								i	

Sche	dule A (Form 990) 2023 B H FOXY	FOUNDATION IN	NC				88-317634	3 Page <b>2</b>
Pa	rt II Support Schedule for Orga (Complete only if you checked Part III. If the organization fa	ed the box on lir	ne 5, 7, or 8 of	f Part I or if t	he o	rganization fa	ailed to qualify un	<u> </u>
Sec	ction A. Public Support	1 7		,		•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021		(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					(	94,231	94,231
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	0	0		0		94,231	94,231
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount					0,		
	shown on line 11, column (f)							88,115
6	Public support. Subtract line 5 from line 4							6,116
Sec	tion B. Total Support	•						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021		(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	0	0		0	(	94,231	94,231
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	•	C					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	\$						0
11	Total support. Add lines 7 through 10							94,231
12	Gross receipts from related activities, etc. (se	ee instructions).					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here							<u>X</u>
Sec	ction C. Computation of Public Su	pport Percenta	ge			-		
14	Public support percentage for 2023 (line 6, c	olumn (f), divided b	y line 11, column	(f))			14	0.00%
							1 4 = 1	0.000/

15 0.00% 16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					<b>A</b>	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3				<b>/</b> )		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	etion B. Total Support	(-) 2040	(h) 2020	(-) 2024	(4) 2022	(-) 2022	(f) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						•
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						•
	acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						0
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
13	(Explain in Part VI.)						U
13	and 12.)	0	0	0	0	o	0
14	First 5 years. If the Form 990 is for the orga	unization's first sec					0
	organization, check this box and <b>stop here</b> .			•	. , , ,		
Sec	ction C. Computation of Public Su						<u>-</u>
15	Public support percentage for 2023 (line 8, c			(f))		15	0.00%
16	Public support percentage from 2022 Sched		-			16	0.00%
	ction D. Computation of Investmen					<u> </u>	2.2.3.0
17	Investment income percentage for 2023 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2022 Se		-			18	0.00%
	33 1/3% support tests—2023. If the organi						2.2.3.0
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2022. If the organi	-			-		<u>-</u>
	line 18 is not more than 33 1/3%, check this	box and <b>stop here</b>	. The organization	qualifies as a pub	licly supported org	anization	
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	

#### 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.
- 2 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")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by 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).
- 8 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Part	Supporting Organizations (continued)		1	ı
44	the the constitution and the effect of the fellowing the f		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>			
	detail in <b>Part VI.</b>	11c		
Secti	on 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 one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	_		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u>'</u>	
4	Were a majority of the argenization's directors or trustoes during the tay years less a majority of the directors		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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 <b>Part VI</b> the role the organization's			
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst.	ruction	c)	
' a	The organization satisfied the Activities Test. Complete line 2 below.	uctions	<b>3</b> ).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each of its supported organizations. Complete inte of sciow.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see		:\	
С		e mstructi		1
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or clost a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Bart VI) Saa
instructions. All other Type III non-functionally integrated supporting organ	_		,
Section A - Adjusted Net Income	nzau	(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	0	0
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	13	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
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		0
7 Check here if the current year is the organization's first as a non-functional	y inte	egrated Type III supporting	organization (see
instructions).			

Part '	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part V</b> i	5	
6	Other distributions (describe in Part VI). See instructions.		_6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	he organization is respor		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	1	10	0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	<b>Total</b> of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2023 distributable amount			0
i	Carryover from 2018 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2023 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2023 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in <b>Part VI.</b> See instructions.			0
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2019			
<u>b</u>	Excess from 2020 0			
c				
d	Excess from 2022 0			
е	Excess from 2023 0			

### SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

B H FOXY FOUNDATION INC 88-3176343 Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 3,249 Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 6,528 Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising: 310 Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 9,293 Form 990-EZ, Part I, Line 16, Other Expenses: ADVERTISING: 11,059 Form 990-EZ, Part I, Line 16, Other Expenses: INTELLECTUAL PROPERTY EXPENSE: 6,000 Form 990-EZ, Part I, Line 16, Other Expenses: MERCHANDISE USED: 4,251 Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 2,099 Form 990-EZ, Part I, Line 16, Other Expenses: INFORMATION TECHNOLOGY: 1,382 Form 990-EZ, Part I, Line 16, Other Expenses: BANK CHARGES AND FEES: 1,169 Form 990-EZ, Part I, Line 16, Other Expenses: DUES AND SUBSCRIPTIONS: 603 Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 514 Form 990-EZ, Part III, Line PRIMARY EXEMPT PURPOSE. THE ORGANIZATION'S PURPOSE IS TO RAISE FUNDS TO PROVIDE ART SUPPLIES AND RESOURCES TO YOUNG PEOPLE IN UNDERSERVED COMMUNITIES. WE PROVIDE ART SUPPLIES, PRIVATE LESSONS, FIELD TRIPS AND MENTORSHIP TO HELP DEVELOP THE NEXT GENERATION OF ARTISTS. Form 990-EZ, Part III, Line 28: (CONTINUED) THE PROGRAM ASSISTED 10 INDIVIDUALS, PRIMARILY THROUGH OUR YOUNG ARTIST RESIDENCY PROGRAM. THE YOUNG ARTIST RESIDENCY PROGRAM ALLOWS US TO WORK VERY CLOSELY WITH A SMALL GROUP OF CHILDREN BETWEEN THE AGES OF 8 AND 18. WE ALLOCATE FUNDS TO THESE KIDS IN SEVERAL KEY AREAS. FIRST, WE PROVIDE EDUCATION AND COACHING IN THEIR AREA OF SPECIALTY (FOR EXAMPLE, WE PROVIDE ACTING COACHING FOR KIDS WHO ARE FOCUSED ON ACTING). WE DO THIS THROUGH BOTH PAID OUTSIDE ARTISTS AND INTERNALLY WITH VOLUNTEERS. OUR E.D. ALSO PROVIDES COACHING AS APPROPRIATE. MONIES ARE EXPENDED ON PAID INSTRUCTORS, GROUP CLASSES, AS WELL AS TRANSPORTATION TO AND FROM CLASSES AS NEEDED. SECOND, WE PROVIDE PHYSICAL SUPPLIES TAILORED TO EACH CHILD'S SPECIALTY (FOR EXAMPLE ART SUPPLIES TO KIDS WHO PAINT). THIS IS A DIRECT ALLOCATION OF SUPPLIES. WE DETERMINE WHAT THE CHILD NEEDS. PURCHASE IT. AND PASS IT

Schedule O (Form 990) 2023 Name of the organization Employer identification number **BHFOXY FOUNDATION INC** 88-3176343 ALONG TO THEM. SUPPLIES VARY DEPENDING ON THE CHILD'S CHOSEN CRAFT. FOR KIDS FOCUSED ON ACTING WE MAY PURCHASE WARDROBE ITEMS FOR AN AUDITION, FOR KIDS WHO PLAY MUSIC, WE MAY PURCHASE AN INSTRUMENT OR SONG BOOKS. THIRD, WE PROVIDE ENRICHMENT ACTIVITIES SUCH AS FIELD TRIPS AND GROUP CLASSES. WE MAY TAKE SEVERAL OF THE KIDS TO A MUSEUM, CONCERT OR PERFORMANCE. WE MAY GET SEVERAL KIDS TOGETHER AND HAVE A GROUP DRAWING OR PAINTING CLASS. FUNDS ARE UTILIZED FOR ADMISSION, TRANSPORTATION, AND INSTRUCTORS. AS WITH ALL OF OUR PROGRAMING, FUNDS ARE ALSO USED FOR TRANSPORTATION TO GET KIDS TO AND FROM EVENTS AS NEEDED, AND FOR MEALS DURING EVENTS. LASTLY, FOR OUR KIDS STUDYING VISUAL ARTS, WE MAKE CLOTHING, HATS AND OTHER SIMILAR MERCHANDISE FEATURING THEIR WORK. FUNDS ARE USED TO PURCHASE BLANK GARMENTS, DECORATION TOOLS, EQUIPMENT, PACKAGING AND RELATED ITEMS TO PRODUCE COMPLETED PRODUCTS FEATURING THE YOUNG