

NORTHROCK PARTNERS TAX SERVICES, LLC  
225 SOUTH SIXTH STREET, SUITE 1400  
MINNEAPOLIS, MN 55402

RED STRING FOUNDATION  
PO BOX 2415 2929 WESTMINSTER AVE  
SEAL BEACH, CA 90740-9998



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SEAL BEACH, CA 90740-9998

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027



**Return of Private Foundation**

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

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

For calendar year 2021 or tax year beginning , and ending

Name of foundation <b>RED STRING FOUNDATION</b>		<b>A Employer identification number</b> <b>84-4020796</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 2415 2929 WESTMINSTER AVE</b>	Room/suite	<b>B Telephone number</b> <b>562-330-9465</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SEAL BEACH, CA 90740-9998</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>672,685.</b>	<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	234,970.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	1.	1.		STATEMENT 1
	<b>4</b> Dividends and interest from securities .....	10,472.	10,472.		STATEMENT 2
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	-54.			
	<b>b</b> Gross sales price for all assets on line 6a .....	1,500.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....	50.			STATEMENT 3
<b>b</b> Less: Cost of goods sold .....	125.				
<b>c</b> Gross profit or (loss) .....	-75.				
<b>11</b> Other income .....					
<b>12 Total.</b> Add lines 1 through 11 .....	245,314.	10,473.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees .....	STMT 4 1,465.	1,465.		0.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....	STMT 5 25.	0.		0.
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....	42.	0.		42.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	STMT 6 889.	0.		805.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	2,421.	1,465.		847.
	<b>25</b> Contributions, gifts, grants paid .....	23,257.			23,257.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	25,678.	1,465.		24,104.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	219,636.				
<b>b Net investment income</b> (if negative, enter -0-) .....		9,008.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	28,139.	24,250.	24,250.
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock	STMT 8 193,510.	181,993.	181,993.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 9 211,587.	466,442.	466,442.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	433,236.	672,685.	672,685.	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 Retained earnings, accumulated income, endowment, or other funds	433,236.	672,685.	
29 Total net assets or fund balances	433,236.	672,685.		
30 Total liabilities and net assets/fund balances	433,236.	672,685.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	433,236.
2 Enter amount from Part I, line 27a	2	219,636.
3 Other increases not included in line 2 (itemize)	3	SEE STATEMENT 7 19,813.
4 Add lines 1, 2, and 3	4	672,685.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	672,685.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CHARLES SCHWAB 7714	P	12/21/20	11/22/21
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 1,500.		1,554.	-54.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-54.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-54.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	}	3	N/A

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	1	125.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
3 Add lines 1 and 2	3	125.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	125.
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	0.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	0.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed	9	125.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition ..... If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year? .....		X
1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
4b If "Yes," has it filed a tax return on Form 990-T for this year? .....		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>CA</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .....	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>N/A</u>		
14 The books are in care of ▶ <u>CHRISTINE WANG</u> Telephone no. ▶ <u>562-330-9465</u> Located at ▶ <u>PO BOX 2415 2929 WESTMINSTER AVE, SEAL BEACH, CA</u> ZIP+4 ▶ <u>90740</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ..... and enter the amount of tax-exempt interest received or accrued during the year ..... ▶ <u>15</u>   <u>N/A</u>		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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

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

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.

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

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

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



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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 11	0.
2	
3	
4	

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

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

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	604,763.
b	Average of monthly cash balances .....	1b	32,190.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	636,953.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	636,953.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	9,554.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	627,399.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	31,370.

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

1	Minimum investment return from Part IX, line 6 .....	1	31,370.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	125.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	125.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	31,245.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	31,245.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	31,245.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	24,104.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	24,104.

Form 990-PF (2021)

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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7				31,245.
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only			8,230.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016				
<b>b</b> From 2017				
<b>c</b> From 2018				
<b>d</b> From 2019				
<b>e</b> From 2020				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 24,104.				
<b>a</b> Applied to 2020, but not more than line 2a			8,230.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2021 distributable amount				15,874.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				15,371.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017				
<b>b</b> Excess from 2018				
<b>c</b> Excess from 2019				
<b>d</b> Excess from 2020				
<b>e</b> Excess from 2021				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling

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

Table with 5 columns: (a) 2021, (b) 2020, (c) 2019, (d) 2018, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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

1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

STAN ADACHI

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

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds.

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

SEE STATEMENT 12

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:

**Part XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704	NONE	NC	TO HELP PEOPLE IN NEED.	2,000.
J-SEI 1285 66TH STREET EMERYVILLE, CA 94608	NONE	NC	TO HELP PEOPLE IN NEED.	2,257.
ORANGE COUNTY BUDDIST CHURCH 909 S DALE AVE ANAHEIM, CA 92804	NONE	NC	TO HELP PEOPLE IN NEED.	1,000.
UNITED PLAYAZ 1038 HOWARD STREET SAN FRANCISCO, CA 94103	NONE	NC	TO HELP PEOPLE IN NEED.	1,500.
WRAP THE KIDS 297 E ARTESIA BLVD LONG BEACH, CA 90805	NONE	NC	TO HELP PEOPLE IN NEED.	1,000.
<b>Total</b> .....			<b>SEE CONTINUATION SHEET(S)</b> ▶ <b>3a</b>	<b>23,257.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> .....			<b>3b</b>	<b>0.</b>



Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1c regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

May the IRS discuss this return with the preparer shown below? See instr. Yes No

**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YMCA OF SAN FRANCISCO 50 CALIFORNIA ST, SUITE 650 SAN FRANCISCO, CA 94111	NONE	NC	TO HELP PEOPLE IN NEED.	1,000.
EXP 2417 E. CARSON ST, SUITE 200 CARSON, CA 90805	NONE	NC	TO HELP PEOPLE IN NEED.	2,000.
JUBILEE REACH 14200 SE 13TH PL BELLEVUE, WA 98007	NONE	NC	TO HELP PEOPLE IN NEED.	1,500.
NORTHWEST EDUCATION ACCESS 6920 ROOSEVELT WAY NE #355 SEATTLE, WA 98115	NONE	NC	TO HELP PEOPLE IN NEED.	2,000.
KIMOCHI INC 1715 BUCHANAN ST SAN FRANCISCO, CA 94115	NONE	NC	TO HELP PEOPLE IN NEED.	1,500.
KIDWORKS COMMUNITY DEVELOPMENT CORPORATION 1902 W. CHESTNUT AVE SANTA ANA, CA 92703	NONE	NC	TO HELP PEOPLE IN NEED.	2,000.
EAST BAY ASIAN YOUTH CENTER 2025 EAST 12TH ST OAKLAND, CA 94606	NONE	NC	TO HELP PEOPLE IN NEED.	2,500.
RAINIER SCHOLARS 2100 24TH AVE S, SUITE 360 SEATTLE, WA 98144	NONE	NC	TO HELP PEOPLE IN NEED.	2,000.
COLLECTIVE IMPACT PO BOX 156853 SAN FRANCISCO, CA 94115	NONE	NC	TO HELP PEOPLE IN NEED.	1,000.
<b>Total from continuation sheets</b>				15,500.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

RED STRING FOUNDATION

Employer identification number

84-4020796

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>RED STRING FOUNDATION</b>	Employer identification number  <b>84-4020796</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>STAN ADACHI</b>  PO BOX 2415 2929 WESTMINSTER AVE  SEAL BEACH, CA 90740	\$ 223,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>RED STRING FOUNDATION</b>	Employer identification number  <b>84-4020796</b>
--	---

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

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

Name of organization  <b>RED STRING FOUNDATION</b>	Employer identification number  <b>84-4020796</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 + 4	Relationship of transferor to transferee

(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 + 4	Relationship of transferor to transferee

(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 + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB 7714	1.	1.	
TOTAL TO PART I, LINE 3	1.	1.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB 7714	10,472.	0.	10,472.	10,472.	
TO PART I, LINE 4	10,472.	0.	10,472.	10,472.	

FORM 990-PF

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME

1. GROSS RECEIPTS . . . . .	50	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		50
4. COST OF GOODS SOLD (LINE 15) . . . . .	125	
5. GROSS PROFIT (LINE 3 LESS LINE 4). . . . .		-75
6. OTHER INCOME . . . . .		
7. GROSS INCOME (ADD LINES 5 AND 6) . . . . .		-75

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR . . . . .		
9. MERCHANDISE PURCHASED. . . . .		
10. COST OF LABOR. . . . .		
11. MATERIALS AND SUPPLIES . . . . .	125	
12. OTHER COSTS. . . . .		
13. ADD LINES 8 THROUGH 12 . . . . .		125
14. INVENTORY AT END OF YEAR . . . . .		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14). . . . .		125

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONTRACT SERVICES	1,465.	1,465.		0.
TO FORM 990-PF, PG 1, LN 16C	1,465.	1,465.		0.

FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BUSINESS REGISTRATION FEES	25.	0.		0.
TO FORM 990-PF, PG 1, LN 18	25.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OPERATING EXPENSES INSURANCE	84. 805.	0. 0.		0. 805.
TO FORM 990-PF, PG 1, LN 23	889.	0.		805.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION		AMOUNT
UNREALIZED GAINS & LOSSES RECOGNIZED		19,813.
TOTAL TO FORM 990-PF, PART III, LINE 3		19,813.

FORM 990-PF

CORPORATE STOCK

STATEMENT 8

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
BOEING (BA) STOCK	181,993.	181,993.
TOTAL TO FORM 990-PF, PART II, LINE 10B	181,993.	181,993.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SECURITIES	COST	466,442.	466,442.
TOTAL TO FORM 990-PF, PART II, LINE 13		466,442.	466,442.



NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STAN ADACHI PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	PRESIDENT & CHAIR 40.00	0.	0.	0.
CHRISTINE WANG PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	CFO & DIRECTOR 5.00	0.	0.	0.
LESLIE WANG PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	SECRETARY 15.00	0.	0.	0.
MATT GONZALEZ PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	DIRECTOR 5.00	0.	0.	0.
RON ADACHI PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	DIRECTOR 5.00	0.	0.	0.
GLENN YAMADA PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	GENERAL COUNSEL 5.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

ACTIVITY ONE

THE FOUNDATION PRIMARILY FOCUSED ON PROVIDING GRANTS TO OTHER QUALIFIED TAX EXEMPT ORGANIZATIONS WHICH WORK WITHIN THEIR COMMUNITIES ESPECIALLY AMONG THE POOR, DISADVANTAGED, AND DISENFRANCHISED TO HELP CHILDREN AND YOUTH, NEIGHBORHOODS AND COMMUNITIES, AND SENIORS TOWARD SELF-SUFFICIENCY AND A HIGHER QUALITY OF LIFE.

EXPENSES

TO FORM 990-PF, PART VIII-A, LINE 1

0.

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RED STRING FOUNDATION  
PO BOX 2145 2929 WESTMINSTER AVE  
SEAL BEACH, CA 90740

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
562-330-9465	N/A

EMAIL ADDRESS

ADMIN@MYREDSTRING.ORG

FORM AND CONTENT OF APPLICATIONS

INITIAL IS SUBMITTED ON-LINE,  
WWW.MYREDSTRING.ORG/GRANTSEEKER-REQUEST-INQUIRY, INCLUDES NAME & ADDRESS,  
EIN, EST GRANT AMOUNT, AND PROJECT IDEA.

ANY SUBMISSION DEADLINES

NONE. FOUNDATION ACCEPTS GRANT INQUIRIES THROUGHOUT THE YEAR.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS BETWEEN \$100-\$10,000, MUST ALIGN WITH AT LEAST ONE OF FOUNDATION'S  
FOCUS PROGRAMS, BE A RECOGNIZED 501(C)(3) COMMUNITY CHARITY, GRANT CANNOT  
BE USED FOR LOBBYING, CONFERENCE FEES, RELIGIOUS ORGANIZATIONS, OR  
INDIVIDUALS.

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **RED STRING FOUNDATION**

California corporation number: **4537147**

FEIN: **84-4020796**

Street address (suite or room): **PO BOX 2415 2929 WESTMINSTER AVE**

City: **SEAL BEACH** State: **CA** ZIP code: **90740-9998**

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

**A** First return  Yes  No

**B** Amended return  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	12,023	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	234,970	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	246,993	00
	5	Cost of goods sold <b>STMT 2</b>	5	125	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,554	00
	7	Total costs. Add line 5 and line 6	7	1,679	00
	8	Total gross income. Subtract line 7 from line 4	8	245,314	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	25,678	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	219,636	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Title <b>PRESIDENT &amp; CH</b>	Date	Telephone <b>562-330-9465</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	<b>SARAH RUSHFORD</b>	Date <b>05/13/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00978242</b>
	Firm's name (or yours, if self-employed) and address	<b>NORTHROCK PARTNERS TAX SERVICES, LLC 225 SOUTH SIXTH STREET, SUITE 1400 MINNEAPOLIS, MN 55402</b>			Firm's FEIN <b>36-4825962</b>
					Telephone <b>612-367-8800</b>
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	50	00	
	2	Interest	•	2	1	00	
	3	Dividends	•	3	10,472	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	1,500	00	
	7	Other income	•	7		00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	12,023	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 8	•	9	23,257	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	0	00	
	12	Other salaries and wages	•	12		00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	25	00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements SEE STATEMENT 5	•	17	2,396	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	25,678	00

Schedule L Balance Sheet	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		28,139		•	24,250
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock STMT 6		193,510		•	181,993
8 Mortgage loans				•	
9 Other investments STMT 7		211,587		•	466,442
10 a Depreciable assets					
b Less accumulated depreciation	( )		( )		
11 Land				•	
12 Other assets				•	
13 <b>Total assets</b>		433,236			672,685
<b>Liabilities and net worth</b>					
14 Accounts payable				•	
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities					
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		433,236		•	672,685
22 <b>Total liabilities and net worth</b>		433,236			672,685

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	•	219,536
2	Federal income tax	•	100
3	Excess of capital losses over capital gains	•	
4	Income not recorded on books this year. Attach schedule	•	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	•	
6	<b>Total.</b> Add line 1 through line 5		219,636
7	Income recorded on books this year not included in this return. Attach schedule	•	
8	Deductions in this return not charged against book income this year. Attach schedule	•	
9	<b>Total.</b> Add line 7 and line 8		
10	<b>Net income per return.</b> Subtract line 9 from line 6		219,636

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
STAN ADACHI	PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740		223,500.
TOTAL INCLUDED ON LINE 3			<u>223,500.</u>

FORM 199

COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR . . . . .		
2. MERCHANDISE PURCHASED. . . . .		
3. COST OF LABOR. . . . .		
4. MATERIALS AND SUPPLIES . . . . .	125	
5. OTHER COSTS. . . . .		
6. ADD LINES 1 THROUGH 5 . . . . .		125
7. INVENTORY AT END OF YEAR . . . . .		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		125

CA 199

GROSS AMOUNT FROM SALE OF INVESTMENT PROPERTY

STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
CHARLES SCHWAB 7714	12/21/20	11/22/21	PURCHASED	1,554.	0.	0.	1,500.
TOTAL ON FORM 199, PG 2, LINE 6				1,554.	0.	0.	1,500.

CA 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
STAN ADACHI PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	PRESIDENT & CHAIR 40.00	0.
CHRISTINE WANG PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	CFO & DIRECTOR 5.00	0.
LESLIE WANG PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	SECRETARY 15.00	0.
MATT GONZALEZ PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	DIRECTOR 5.00	0.
RON ADACHI PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	DIRECTOR 5.00	0.
GLENN YAMADA PO BOX 2415 2929 WESTMINSTER AVE SEAL BEACH, CA 90740	GENERAL COUNSEL 5.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199    OTHER EXPENSES    STATEMENT 5

DESCRIPTION	AMOUNT
OTHER PROFESSIONAL FEES	1,465.
TRAVEL, CONFERENCES, AND MEETINGS	42.
OPERATING EXPENSES	84.
INSURANCE	805.
TOTAL TO FORM 199, PART II, LINE 17	2,396.



CA 199	INVESTMENTS IN STOCK	STATEMENT 6
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
BOEING (BA) STOCK	193,510.	181,993.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	193,510.	181,993.

CA 199	OTHER INVESTMENTS	STATEMENT 7
<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
SECURITIES	211,587.	466,442.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	211,587.	466,442.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT 8
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ACTIVITY CLASSIFICATION:

<u>DONEES NAME AND ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460, BERKELEY, CA 94704	NONE	2,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

J-SEI  
1285 66TH STREET, EMERYVILLE, CA 94608

NONE

2,257.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

ORANGE COUNTY BUDDIST CHURCH  
909 S DALE AVE, ANAHEIM, CA 92804

NONE

1,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

UNITED PLAYAZ  
1038 HOWARD STREET, SAN FRANCISCO, CA 94103

NONE

1,500.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

WRAP THE KIDS  
297 E ARTESIA BLVD, LONG BEACH, CA 90805

NONE

1,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

YMCA OF SAN FRANCISCO  
50 CALIFORNIA ST, SUITE 650, SAN FRANCISCO, CA  
94111

NONE

1,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EXP  
2417 E. CARSON ST, SUITE 200, CARSON, CA 90805

NONE

2,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

JUBILEE REACH  
14200 SE 13TH PL, BELLEVUE, WA 98007

NONE

1,500.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

NORTHWEST EDUCATION ACCESS  
6920 ROOSEVELT WAY NE #355, SEATTLE, WA 98115

NONE

2,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KIMOCHI INC  
1715 BUCHANAN ST, SAN FRANCISCO, CA 94115

NONE

1,500.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

KIDWORKS COMMUNITY DEVELOPMENT CORPORATION  
1902 W. CHESTNUT AVE, SANTA ANA, CA 92703

NONE

2,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

EAST BAY ASIAN YOUTH CENTER  
2025 EAST 12TH ST, OAKLAND, CA 94606

NONE

2,500.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

RAINIER SCHOLARS  
2100 24TH AVE S, SUITE 360, SEATTLE, WA 98144

NONE

2,000.

ORGANIZATIONAL STATUS: NC

DONEES NAME AND ADDRESS

RELATIONSHIP

AMOUNT

COLLECTIVE IMPACT  
PO BOX 156853, SAN FRANCISCO, CA 94115

NONE

1,000.

ORGANIZATIONAL STATUS: NC

TOTAL FOR THIS ACTIVITY

23,257.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

23,257.

TAXABLE YEAR  
**2021**

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

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>RED STRING FOUNDATION</b>	<b>84-4020796</b>

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>246,993</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>245,314</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>25,678</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
---	------------------	--

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

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

**Part IV Declaration of Officer**



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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**



<b>Sign Here</b>	 _____ Signature of officer	_____ Date	 <b>PRESIDENT &amp; CHAIR</b> Title
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00978242</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address 	<b>PRIVATE TAX SERVICES</b> <b>225 SOUTH SIXTH STREET, SUITE 1400</b> <b>MINNEAPOLIS, MN</b>			Firm's FEIN <b>36-4825962</b> ZIP code <b>55402</b>

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

<b>Paid Preparer</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P00978242</b>	
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address 	<b>NORTHROCK PARTNERS TAX SERVICES, LLC</b> <b>225 SOUTH SIXTH STREET, SUITE 1400</b> <b>MINNEAPOLIS, MN</b>			Firm's FEIN <b>36-4825962</b> ZIP code <b>55402</b>

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

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

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

**RED STRING FOUNDATION**  
Name of Organization

List all DBAs and names the organization uses or has used  
**PO BOX 2415 2929 WESTMINSTER AVE**  
Address (Number and Street)

**SEAL BEACH, CA 90740-9998**  
City or Town, State, and ZIP Code

**562-330-9465** Telephone Number  
E-mail Address

Check if:  
 Change of address  
 Amended report

State Charity Registration Number **CT0268942**

Corporation or Organization No. **4537147**

Federal Employer ID No. **84-4020796**

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

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

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 245,314 Noncash Contributions \$ 0 Total Assets \$ 672,685  
Program Expenses \$ 2,421 Total Expenses \$ 25,678

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

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

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

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

**STAN ADACHI** Signature of Authorized Agent Printed Name  
**PRESIDENT & CHAIR** Title Date