

**G for Kids, Inc.**  
**Return of a Private Foundation**  
**December 31, 2019**

**KHO & PATEL  
160 E. ARROW HIGHWAY  
SAN DIMAS, CA 91773  
(909) 971-1000**

May 7, 2020

Donald J. Groppetti  
G for Kids, Inc.  
P.O. Box 1431  
Visalia, CA 93279

Dear Don:

Your 2019 Federal Return of Private Foundation will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return. There is an overpayment of \$485, of which \$485 has been applied to your 2020 estimated tax.

The organization has undistributed income of \$23,657 on Form 990-PF for the tax year 2019. The organization must distribute this amount by the end of its 2020 tax year so that it will not be liable for the tax on undistributed income.

Your 2019 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. There is a balance due of \$10 payable by July 15, 2020. Mail your California payment voucher, Form 3586, on or before July 15, 2020 to:

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0531

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$75 payable by July 15, 2020. Make the check or money order payable to "Department of Justice" and mail your California report on or before July 15, 2020 to:

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

Your estimated tax schedule for 2020 is listed below:

Due Date		990-PF
7/15/20	\$	0
7/15/20		315
9/15/20		0
12/15/20		0
	\$	----- 315

All federal estimated tax payments must be electronically deposited through the Electronic Federal Tax Payment System (EFTPS).

Please be sure to call us if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Roger Rossmeisl". The signature is fluid and cursive, with the first name "Roger" being more prominent.

Roger Rossmeisl, CPA

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Forms needed for this return**

Federal: 990-PF, 990-W, Sch B  
 California: 199, Sch B, 3586, 8453-EO, e-file Instructions, RRF-1

**Tax Rates**

<u>Private Foundation</u>	<u>Marginal</u>	<u>Effective</u>
Federal	2.0 %	2.0 %

**Carryovers to 2020**

None

**Undistributed Income Carryovers to 2020**

2019 Undistributed Income 23,657.

**Federal Estimates**

Form 990-PF

	<u>Estimate</u>	<u>Overpayment</u>	<u>Balance</u>
7/15/20	0.	0.	0.
7/15/20	800.	485.	315.
9/15/20	0.	0.	0.
12/15/20	0.	0.	0.
Total	<u>\$ 800.</u>	<u>\$ 485.</u>	<u>\$ 315.</u>





Voucher at bottom of page. ■

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR

2019

Payment Voucher for Corporations and Exempt Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

3215933 GFOR 94-3460050 000000000000 19 FORM 3
TYB 01-01-19 TYE 12-31-19
G FOR KIDS INC
DONALD J GROPPETTI
PO BOX 1431
VISALIA CA 93279

(559) 802-1333

AMOUNT OF PAYMENT 10.



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_\_

## 2019

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

G for Kids, Inc.  
Name and title of officer

94-3460050

Donald J. Groppetti President

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a	Form 990 check here . . . . .	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	_____
2 a	Form 990-EZ check here . . . . .	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	_____
3 a	Form 1120-POL check here . . . . .	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a	Form 990-PF check here . . . . .	▶	<input checked="" type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	715.
5 a	Form 8868 check here . . . . .	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c) . . . . .	5 b	_____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize Kho & Patel to enter my PIN 94346 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ 5/07/2020

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. . . . . 95983161800  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)



Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR  
**2019**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>G FOR KIDS, INC.</b>	Identifying number <b>94-3460050</b>
---	---

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

1 Total gross receipts (Form 199, line 4).....	1	<b>398,357.</b>
2 Total gross income (Form 199, line 8).....	2	<b>268,106.</b>
3 Total expenses and disbursements (Form 199, Line 9).....	3	<b>97,028.</b>

### Part II Settle Your Account Electronically for Taxable Year 2019

4  Electronic funds withdrawal    4a Amount \_\_\_\_\_    4b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

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

5 Routing number \_\_\_\_\_  
6 Account number \_\_\_\_\_    7 Type of account:  Checking     Savings

### 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 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

Signature of officer	5/07/2020	PRESIDENT
	Date	Title

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

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, 2019 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 Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	5/07/20			P00096494
		<b>KHO &amp; PATEL</b> <b>160 E. ARROW HIGHWAY</b> <b>SAN DIMAS</b>		CA	Firm's FEIN <b>33-0381007</b> ZIP code <b>91773</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 Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			
				Firm's FEIN ZIP code

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019



**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.

Open to Public Inspection

For calendar year 2019 or tax year beginning , 2019, and ending ,

G for Kids, Inc.  
P.O. Box 1431  
Visalia, CA 93279

- A** Employer identification number  
94-3460050
- B** Telephone number (see instructions)  
(559) 802-1333
- C** If exemption application is pending, check here...
- D** 1 Foreign organizations, check here .....   
2 Foreign organizations meeting the 85% test, check here and attach computation .....
- E** If private foundation status was terminated under section 507(b)(1)(A), check here .....
- F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....

- G** 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                               |

- H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

- I** Fair market value of all assets at end of year (from Part II, column (c), line 16)  
▶ \$ 2,342,278.
- J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d), must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(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 (attach schedule) . . .	180,000.				
	<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 . . . . .	1,312.	1,312.			
	<b>4</b> Dividends and interest from securities . . . . .	30,601.	30,601.			
	<b>5 a</b> Gross rents . . . . .					
	<b>b</b> Net rental income or (loss) . . . . .					
	<b>6 a</b> Net gain or (loss) from sale of assets not on line 10 . . . . .	3,861.				
	<b>b</b> Gross sales price for all assets on line 6a. . . . . 134,112.					
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		3,861.			
	<b>8</b> Net short-term capital gain . . . . .			2.		
	<b>9</b> Income modifications . . . . .					
	<b>10 a</b> Gross sales less returns and allowances . . . . .					
<b>b</b> Less: Cost of goods sold . . . . .						
<b>c</b> Gross profit or (loss) (attach schedule) . . . . .						
<b>11</b> Other income (attach schedule) . . . . .						
<b>See Statement 1</b>		52,332.		40,083.		
<b>12</b> Total. Add lines 1 through 11. . . . .		268,106.	35,774.	40,085.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0.				
	<b>14</b> Other employee salaries and wages . . . . .					
	<b>15</b> Pension plans, employee benefits . . . . .					
	<b>16 a</b> Legal fees (attach schedule) . . . . .					
	<b>b</b> Accounting fees (attach sch) . . . See St 2	2,365.				
	<b>c</b> Other professional fees (attach sch) . See St 3	378.				
	<b>17</b> Interest . . . . .	8.				
	<b>18</b> Taxes (attach schedule)(see instrs) . See Stm 4	60.				
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .					
	<b>20</b> Occupancy . . . . .					
	<b>21</b> Travel, conferences, and meetings . . . . .					
	<b>22</b> Printing and publications . . . . .					
	<b>23</b> Other expenses (attach schedule)					
	<b>See Statement 5</b>		14,217.			
	<b>24</b> Total operating and administrative expenses. Add lines 13 through 23 . . . . .		17,028.			
<b>25</b> Contributions, gifts, grants paid . . . . Part XV		80,000.			80,000.	
<b>26</b> Total expenses and disbursements. Add lines 24 and 25. . . . .		97,028.	0.	0.	80,000.	
<b>27</b> Subtract line 26 from line 12:						
<b>a</b> Excess of revenue over expenses and disbursements . . . . .		171,078.				
<b>b</b> Net investment income (if negative, enter -0-) . . .			35,774.			
<b>c</b> Adjusted net income (if negative, enter -0-) . . . .				40,085.		



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash – non-interest-bearing.....	3,143.	5,239.	5,239.
	2	Savings and temporary cash investments.....	548,641.	709,303.	709,303.
	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 (attach schedule) (see instructions).....			
	7	Other notes and loans receivable (attach sch) . . ▶			
		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 (attach schedule).....			
	b	Investments – corporate stock (attach schedule) <b>Statement 6</b> .....	724,793.	724,352.	1,277,479.
	c	Investments – corporate bonds (attach schedule).....			
	11	Investments – land, buildings, and equipment: basis..... ▶			
	Less: accumulated depreciation (attach schedule)..... ▶				
12	Investments – mortgage loans.....				
13	Investments – other (attach schedule) <b>Statement 7</b> .....	307,903.	316,122.	350,257.	
14	Land, buildings, and equipment: basis ▶				
	Less: accumulated depreciation (attach schedule)..... ▶				
15	Other assets (describe ▶ )				
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I).....	1,584,480.	1,755,016.	2,342,278.	
Liabilities	17	Accounts payable and accrued expenses.....			
	18	Grants payable.....			
	19	Deferred revenue.....			
	20	Loans from officers, directors, trustees, & other disqualified persons.....			
	21	Mortgages and other notes payable (attach schedule).....			
	22	Other liabilities (describe ▶ )			
	23	<b>Total liabilities</b> (add lines 17 through 22).....	0.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>				
	24	Net assets without donor restrictions.....			
	25	Net assets with donor restrictions.....			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>				
	26	Capital stock, trust principal, or current funds.....			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund.....			
	28	Retained earnings, accumulated income, endowment, or other funds.....	1,584,480.	1,755,016.	
29	<b>Total net assets or fund balances</b> (see instructions).....	1,584,480.	1,755,016.		
30	<b>Total liabilities and net assets/fund balances</b> (see instructions).....	1,584,480.	1,755,016.		

**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	1,584,480.
2	Enter amount from Part I, line 27a.....	2	171,078.
3	Other increases not included in line 2 (itemize) ▶ <b>See Statement 8</b>	3	1,119.
4	Add lines 1, 2, and 3.....	4	1,756,677.
5	Decreases not included in line 2 (itemize) ▶ <b>See Statement 9</b>	5	1,661.
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29.....	6	1,755,016.

**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.)
1 a	See Statement 10			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss).....	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7	2	3,861.
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.....	<input type="checkbox"/>	3	2.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Yes

No

If 'Yes,' the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			
2	Total of line 1, column (d).....		2
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years.....		3
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5.....		4
5	Multiply line 4 by line 3.....		5
6	Enter 1% of net investment income (1% of Part I, line 27b).....		6
7	Add lines 5 and 6.....		7
8	Enter qualifying distributions from Part XII, line 4.....		8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

<b>1 a</b> 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)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here. <input type="checkbox"/> and enter 1% of Part I, line 27b. ....	1	715.
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). ....		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.
<b>3</b> Add lines 1 and 2	3	715.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
<b>5 Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	715.
<b>6 Credits/Payments:</b>		
<b>a</b> 2019 estimated tax pymts and 2018 overpayment credited to 2019	<b>6 a</b>	1,200.
<b>b</b> Exempt foreign organizations – tax withheld at source	<b>6 b</b>	
<b>c</b> Tax paid with application for extension of time to file (Form 8868)	<b>6 c</b>	
<b>d</b> Backup withholding erroneously withheld	<b>6 d</b>	
<b>7</b> Total credits and payments. Add lines 6a through 6d.	7	1,200.
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
<b>9</b> Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.	9	0.
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	485.
<b>11</b> Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> 485. Refunded <input type="checkbox"/> 0.	11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1 a</b> 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
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0.		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0.		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If 'Yes,' attach a detailed description of the activities.		X
<b>3</b> 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
<b>4 a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by <i>General Instruction T</i> .		X
<b>6</b> 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
<b>7</b> 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 XV.	X	
<b>8 a</b> Enter the states to which the foundation reports or with which it is registered. See instructions CA NV		
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation.	X	
<b>9</b> 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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' complete Part XIV.		X
<b>10</b> Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		X

**Part VII-A Statements Regarding Activities** (continued)

		Yes	No
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? Website address: <u>www.gforkids.com</u>	X	
14	The books are in care of <u>Donald J. Groppetti</u> Telephone no. <u>(559) 734-3333</u> Located at <u>830 S. Ben Maddox Way Visalia CA</u> ZIP + 4 <u>93292</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>		N/A
16	At any time during calendar year 2019, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country		X

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

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

		Yes	No
1 a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is 'Yes' to 1a(1)-(6), did any 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. Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1 b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1 c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
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 all years listed, answer 'No' and attach statement - see instructions.)	2 b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If 'Yes,' did it have excess business holdings in 2019 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 2019.)	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2019?	4 b	X



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

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

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

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

(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 11		0.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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 VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		0

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

**Part IX-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 N/A	
-----	
2	
-----	
3	
-----	
4	
-----	

**Part IX-B Summary of Program-Related Investments** (see instructions)

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	
-----	
All other program-related investments. See instructions.	
3	
-----	0.

Total. Add lines 1 through 3 ..... 0.

BAA

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities .....	<b>1 a</b>	1,433,817.
<b>b</b>	Average of monthly cash balances .....	<b>1 b</b>	374,410.
<b>c</b>	Fair market value of all other assets (see instructions) .....	<b>1 c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) .....	<b>1 d</b>	1,808,227.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	<b>1 e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets .....	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d .....	<b>3</b>	1,808,227.
<b>4</b>	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) .....	<b>4</b>	27,123.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	<b>5</b>	1,781,104.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 .....	<b>6</b>	89,055.

**Part XI 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.)

<b>1</b>	Minimum investment return from Part X, line 6 .....	<b>1</b>	89,055.
<b>2 a</b>	Tax on investment income for 2019 from Part VI, line 5 .....	<b>2 a</b>	715.
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.) .....	<b>2 b</b>	
<b>c</b>	Add lines 2a and 2b .....	<b>2 c</b>	715.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 .....	<b>3</b>	88,340.
<b>4</b>	Recoveries of amounts treated as qualifying distributions .....	<b>4</b>	
<b>5</b>	Add lines 3 and 4 .....	<b>5</b>	88,340.
<b>6</b>	Deduction from distributable amount (see instructions) .....	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	<b>7</b>	88,340.

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 .....	<b>1 a</b>	80,000.
<b>b</b>	Program-related investments — total from Part IX-B .....	<b>1 b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) .....	<b>3 a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) .....	<b>3 b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	<b>4</b>	80,000.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions .....	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	<b>6</b>	80,000.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7.....				88,340.
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.....			15,317.	
b Total for prior years: 20____, 20____, 20____		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.....				
b From 2015.....				
c From 2016.....				
d From 2017.....				
e From 2018.....				
f Total of lines 3a through e.....	0.			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>80,000.</u>				
a Applied to 2018, but not more than line 2a...			15,317.	
b Applied to undistributed income of prior years (Election required – see instructions).....		0.		
c Treated as distributions out of corpus (Election required – see instructions).....	0.			
d Applied to 2019 distributable amount.....				64,683.
e Remaining amount distributed out of corpus..	0.			
5 Excess distributions carryover applied to 2019..... (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.....	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b.....		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable amount – see instructions.....		0.		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount – see instructions.....			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.....				23,657.
7 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.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)..	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.....	0.			
10 Analysis of line 9:				
a Excess from 2015....				
b Excess from 2016....				
c Excess from 2017....				
d Excess from 2018....				
e Excess from 2019....				

**Part XIV Private Operating Foundations** (see instructions and Part VII-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 2019, 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)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> 'Assets' alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> 'Support' alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
 None

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

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
 See Statement 12

**b** The form in which applications should be submitted and information and materials they should include:  
 See Statement for Line 2a

**c** Any submission deadlines:  
 See Statement for Line 2a

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
 See Statement for Line 2a

**Part XV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<i>a Paid during the year</i> See Statement 13				
<b>Total</b> ..... ▶ <b>3 a</b>				80,000.
<i>b Approved for future payment</i>				
<b>Total</b> ..... ▶ <b>3 b</b>				







Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

G for Kids, Inc.

Employer identification number

94-3460050

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

Form 990-PF

527 political organization

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, 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, 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, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization <b>G for Kids, Inc.</b>	Employer identification number <b>94-3460050</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	Visalia Toyota ----- 922 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Nissan of Visalia ----- 830 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Visalia Honda ----- 1016 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>G for Kids, Inc.</b>	Employer identification number <b>94-3460050</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
	N/A		
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----
	----- ----- -----	\$-----	-----

Name of organization: **G for Kids, Inc.** Employer identification number: **94-3460050**

**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 information once. See instructions.) ..... ▶ \$                      **N/A**  
 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
	N/A		

(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

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 1**  
**Form 990-PF, Part I, Line 11**  
**Other Income**

	(a) Revenue per Books	(b) Net Investment Income	(c) Adjusted Net Income
Income From Special Events.....	\$ 52,332.		
Total	<u>\$ 52,332.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 2**  
**Form 990-PF, Part I, Line 16b**  
**Accounting Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax Preparation.....	\$ 2,365.			
Total	<u>\$ 2,365.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 3**  
**Form 990-PF, Part I, Line 16c**  
**Other Professional Fees**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Consulting.....	\$ 378.			
Total	<u>\$ 378.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 990-PF, Part I, Line 18**  
**Taxes**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Franchise Tax Board.....	\$ 10.			
Registry of Charitable Trusts.....	50.			
Total	<u>\$ 60.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 5**  
**Form 990-PF, Part I, Line 23**  
**Other Expenses**

	(a) Expenses per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Miscellaneous.....	\$ 1,968.			
Special Event Expenses.....	12,249.			
<b>Total</b>	<b>\$ 14,217.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>	<b>\$ 0.</b>

**Statement 6**  
**Form 990-PF, Part II, Line 10b**  
**Investments - Corporate Stocks**

Corporate Stocks	Valuation Method	Book Value	Fair Market Value
AT&T Inc (T)	Cost	\$ 51,038.	\$ 64,482.
Frontier Communications Corp (FTR)	Cost	1,280.	14.
Philip Morris Intl Inc (PM)	Cost	29,853.	51,054.
Verizon Communications (VZ)	Cost	28,717.	61,400.
Apple Inc (APL)	Cost	79,130.	308,332.
SalesForce.com, Inc. (CRM)	Cost	49,799.	130,112.
Starbucks Corp Washington (SBUX)	Cost	43,190.	87,920.
Walt Disney Co Hldg Co (DIS)	Cost	72,390.	115,704.
Chevron Corp (CVX)	Cost	30,062.	34,948.
Altria Group Inc (MO)	Cost	23,594.	29,946.
Kraft Foods Group Inc Com (KRFT)	Cost	50,358.	25,704.
Suncrest Common Stock	Cost	98,000.	98,000.
Crown Castle Intl Corp (CCI)	Cost	25,529.	42,645.
Microsoft Corp (MSFT)	Cost	71,894.	157,700.
Central Valley Community Bank	Cost	69,518.	69,518.
<b>Total</b>		<b>\$ 724,352.</b>	<b>\$ 1,277,479.</b>

**Statement 7**  
**Form 990-PF, Part II, Line 13**  
**Investments - Other**

Other Publicly Traded Securities	Valuation Method	Book Value	Fair Market Value
MS Limited Duration US Govt Tr	Cost	\$ 13,928.	\$ 14,076.
<b>Total Other Publicly Traded Securities</b>		<b>\$ 13,928.</b>	<b>\$ 14,076.</b>
Other Securities			
Unit Invesco Global 45 Div Strat 2017-4	Cost	0.	0.
Unit Invesco Div Healthcare 2017-1	Cost	0.	0.
Unit First Tr Water Utility Inf Sel 45	Cost	0.	0.
Unit Invesco Energy 2018-3	Cost	27,297.	23,896.
Unit Invesco Div Inc Leaders 2018-3	Cost	0.	0.
Unit Invesco Div Healthcare 2018-3	Cost	45,193.	49,070.
Unit MS Stocks for 2021	Cost	94,245.	110,898.
Unit Invesco Global 45 Div Strat 2018-4	Cost	39,367.	46,318.



Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 7 (continued)**  
**Form 990-PF, Part II, Line 13**  
**Investments - Other**

Other Securities

Unit Invesco Div Healthcare 2018-4	Cost	\$	23,695.	\$	25,827.
Unit First Trust Water Util Inf Sel 53	Cost		48,950.		54,920.
Unit AAM Ubiquitous Strat 2019-4	Cost		23,447.		25,252.
	Total Other Securities	\$	<u>302,194.</u>	\$	<u>336,181.</u>
	Total	\$	<u>316,122.</u>	\$	<u>350,257.</u>

**Statement 8**  
**Form 990-PF, Part III, Line 3**  
**Other Increases**

2019 Return of Capital.....	\$	1,119.
	Total	<u>\$ 1,119.</u>

**Statement 9**  
**Form 990-PF, Part III, Line 5**  
**Other Decreases**

2018 Federal Income Tax.....	\$	460.
2019 Federal Income Tax.....		1,200.
Rounding.....		1.
	Total	<u>\$ 1,661.</u>

**Statement 10**  
**Form 990-PF, Part IV, Line 1**  
**Capital Gains and Losses for Tax on Investment Income**

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
1	00017.000 Unit Ft Water Utility Infr 45	Purchased	6/25/2018	4/08/2019
2	00037.000 Unit Ft Water Utility Infr 45	Purchased	12/26/2019	4/08/2019
3	00014.000 Unit Inv Div Inc Leaders 18-3	Purchased	10/25/2018	10/16/2019
4	00015.000 Unit Inv Div Inc Leaders 18-3	Purchased	11/26/2018	10/16/2019
5	00017.000 Unit Inv Div Inc Leaders 18-3	Purchased	12/26/2018	10/16/2019
6	00009.000 Unit Inv Div Inc Leaders 18-3	Purchased	1/08/2019	10/16/2019
7	00019.000 Unit Inv Div Inc Leaders 18-3	Purchased	1/25/2019	10/16/2019
8	00021.000 Unit Inv Div Inc Leaders 18-3	Purchased	2/25/2019	10/16/2019
9	00016.000 Unit Inv Div Inc Leaders 18-3	Purchased	3/25/2019	10/16/2019
10	00013.000 Unit Inv Div Inc Leaders 18-3	Purchased	4/25/2019	10/16/2019
11	00014.000 Unit Inv Div Inc Leaders 18-3	Purchased	5/28/2019	10/16/2019
12	00014.000 Unit Inv Div Inc Leaders 18-3	Purchased	6/25/2019	10/16/2019
13	00013.000 Unit Inv Div Inc Leaders 18-3	Purchased	7/25/2019	10/16/2019
14	00001.000 Unit Inv Global 45 Div 2017-4	Purchased	1/09/2018	1/07/2019
15	00006.000 Unit Inv Global 45 Div 2017-4	Purchased	2/26/2018	1/07/2019
16	00033.000 Unit Inv Global 45 Div 2017-4	Purchased	5/25/2018	1/07/2019
17	00147.000 Unit Inv Global 45 Div 2017-4	Purchased	8/27/2018	1/07/2019
18	00005.000 Unit Inv Healthcare 17-1	Purchased	6/25/2018	2/06/2019

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 10 (continued)**  
**Form 990-PF, Part IV, Line 1**  
**Capital Gains and Losses for Tax on Investment Income**

Item	(a) Description	(b) How Acquired	(c) Date Acquired	(d) Date Sold
19	00004.000 Unit Inv Healthcare 17-1	Purchased	9/25/2018	2/06/2019
20	00040.000 Unit Inv Healthcare 17-1	Purchased	11/26/2018	2/06/2019
21	04082.000 Unit Ft Water Utility Infr 45	Purchased	5/02/2017	4/08/2019
22	00006.000 Unit Ft Water Utility Infr 45	Purchased	6/26/2017	4/08/2019
23	00015.000 Unit Ft Water Utility Infr 45	Purchased	12/26/2017	4/08/2019
24	02740.000 Unit Inv Div Inc Leaders 18-3	Purchased	10/08/2018	10/16/2019
25	04017.000 Unit Inv Global 45 Div 2017-4	Purchased	12/08/2017	1/07/2019
26	00016.000 Unit Inv Global 45 Div 2017-4	Purchased	12/28/2017	1/07/2019
27	01843.000 Unit Inv Healthcare 17-1	Purchased	5/02/2017	2/06/2019
28	00004.000 Unit Inv Healthcare 17-1	Purchased	6/26/2017	2/06/2019
29	00005.000 Unit Inv Healthcare 17-1	Purchased	9/25/2017	2/06/2019
30	00005.000 Unit Inv Healthcare 17-1	Purchased	12/26/2017	2/06/2019
31	00011.000 Unit Inv Healthcare 17-1	Purchased	12/28/2017	2/06/2019

Item	(e) Gross Sales	(f) Deprec. Allowed	(g) Cost Basis	(h) Gain (Loss)	(i) FMV 12/31/69	(j) Adj. Bas. 12/31/69	(k) Excess (i) - (j)	(l) Gain (Loss)
1	199.		178.	21.				\$ 21.
2	433.		353.	80.				80.
3	113.		124.	-11.				-11.
4	121.		128.	-7.				-7.
5	137.		128.	9.				9.
6	73.		72.	1.				1.
7	153.		157.	-4.				-4.
8	170.		176.	-6.				-6.
9	129.		134.	-5.				-5.
10	105.		107.	-2.				-2.
11	113.		109.	4.				4.
12	113.		110.	3.				3.
13	105.		101.	4.				4.
14	9.		10.	-1.				-1.
15	55.		59.	-4.				-4.
16	302.		322.	-20.				-20.
17	1,344.		1,420.	-76.				-76.
18	61.		60.	1.				1.
19	49.		52.	-3.				-3.
20	490.		472.	18.				18.
21	47,746.		39,258.	8,488.				8,488.
22	70.		56.	14.				14.
23	175.		160.	15.				15.
24	22,120.		25,940.	-3,820.				-3,820.
25	36,716.		40,596.	-3,880.				-3,880.
26	146.		160.	-14.				-14.
27	22,559.		19,543.	3,016.				3,016.
28	49.		43.	6.				6.
29	61.		54.	7.				7.
30	61.		53.	8.				8.
31	135.		116.	19.				19.
Total								\$ 3,861.

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 11**  
**Form 990-PF, Part VIII, Line 1**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Donald J. Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	President 0	\$ 0.	\$ 0.	\$ 0.
Shelly K. Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Secretary 0	0.	0.	0.
Blake Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Amanda Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Jared Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Derek Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Treasurer 0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

**Statement 12**  
**Form 990-PF, Part XV, Line 2a-d**  
**Application Submission Information**

Name of Grant Program: G for Kids  
Name: Shelly Groppetti  
Care Of: Shelly Groppetti  
Street Address: P.O. Box 1431  
City, State, Zip Code: Visalia, CA 93279-1431  
Telephone: (559) 802-1333  
E-Mail Address:  
Form and Content: Submission of a Grant Application (found on the Foundation's website), as well as a short letter of inquiry (limited to three pages) and which should include the following:

- \* A brief statement of the issues to be addressed, the history and goals of the applicant organization, and the applicant organization's involvement with these issues.
- \* A brief summary of the activities for which the applicant organization is requesting support, including an outline of the objective, anticipated outcomes and implications.



Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 12 (continued)  
Form 990-PF, Part XV, Line 2a-d  
Application Submission Information**

Submission Deadlines:  
Restrictions on Awards:

\* The approximate starting date and duration of the proposed activities.

\* The total amount of funding needed, the amount requested, and information about other sources of support, both assured and requested.

None

The foundation makes grants only to recipients exempt under IRC Section 501(c)(3) and are publically supported under IRC Section 509(a)(1) or (a)(2), or that are exempt operating foundations.

The foundation supports activities in the following areas:

- \* Education
- \* Arts
- \* Community Service
- \* Health and Well Being
- \* Relief for Victims of Disease and their Families
- \* Care and Protection of Children/Animals

The foundation does not:

\* Consider requests for general fund-raising, deficit financing, or loans and grants to individuals.

\* Provide scholarship or fellowship support to individuals.

\* Make grants for research projects or give support to conferences, seminars, media events, or workshops unless they are an integral part of a broader program.

\* Provide support for the production and development of television and radio programming.

**Statement 13  
Form 990-PF, Part XV, Line 3a  
Recipient Paid During the Year**

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
Boys and Girls Club of Tulare County 215 W. Tulare Ave. Visalia CA 93277	None	PC	Provide funds for General Operations	\$ 25,000.

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

Statement 13 (continued)  
Form 990-PF, Part XV, Line 3a  
Recipient Paid During the Year

<u>Name and Address</u>	<u>Donee Relationship</u>	<u>Found- ation Status</u>	<u>Purpose of Grant</u>	<u>Amount</u>
Friends of Tulare County 5957 S. Mooney Blvd. Visalia CA 93292	None	PC	To purchase toys and gifts for disadvantaged children	\$ 7,500.
Happy Trails Riding Academy P.O. Box 572 Visalia CA 93279	None	PC	Partial funding for Adopt-a-Rider program	7,500.
Visalia Educational Foundation 5000 W. Cypress Ave. Visalia CA 93277	None	PC	Youth Development	40,000.
			Total	\$ <u>80,000.</u>

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Contributions, Gifts, and Grants  
Related organizations**

Nissan of Visalia.....	\$	60,000.
Visalia Toyota.....		60,000.
Visalia Honda/GM.....		60,000.
Total	\$	<u>180,000.</u>

**Other Income Producing Activities  
Interest on savings & cash investments**

Suncrest Bank.....	\$	522.
Morgan Stanley.....		790.
Total	\$	<u>1,312.</u>

**Other Income Producing Activities  
Dividends/interest from securities.**

Morgan Stanley.....	\$	27,535.
Morgan Stanley (US Govt Obligations) .....		0.
Visalia Community Bank.....		3,066.
Total	\$	<u>30,601.</u>

**Net Investment Income / Adj. Net Income  
Net income or loss from special events**

Kids to College Campaign.....	\$	40,083.
Total	\$	<u>40,083.</u>

**Balance Sheet  
Cash-non-interest-bearing**

Suncrest.....	\$	5,239.
Total	\$	<u>5,239.</u>

**Balance Sheet  
Savings and temporary cash investments**

Suncrest.....	\$	323,249.
Morgan Stanley.....		386,054.
Total	\$	<u>709,303.</u>



Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**FMV of Assets (990-PF)**  
**Cash, non-interest bearing**

Suncrest.....	\$	5,239.
Total	\$	<u>5,239.</u>

**FMV of Assets (990-PF)**  
**Savings and temporary cash investments**

Suncrest.....	\$	323,249.
Morgan Stanley.....		386,054.
Total	\$	<u>709,303.</u>

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

## Special Events Worksheet

Special Event	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income or Loss
Kids to College Campaign	\$ 52,332.	\$ 0.	\$ 52,332.	\$ 12,249.	\$ 40,083.
Subtotal	\$ 52,332.	\$ 0.	\$ 52,332.	\$ 12,249.	\$ 40,083.
*Subtotal	\$ 0.	\$ 0.	\$ 0.	\$ 0.	\$ 0.
Total	<u>\$ 52,332.</u>	<u>\$ 0.</u>	<u>\$ 52,332.</u>	<u>\$ 12,249.</u>	<u>\$ 40,083.</u>

\*Events combined on the return as the third event.

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Average Monthly Fair Market Value of Securities  
Form 990-PF, Part X, Line 1a**

Security	January	February	March	April	May	June	July	August	September	October	November	December
Morgan Stanley - Stocks	822,887	859,672	889,980	929,362	918,925	915,859	965,267	978,024	974,598	998,074	1,044,070	1,089,466
Morgan Stanley - MF	13,585	13,638	13,744	13,792	13,791	13,852	13,887	13,939	13,982	14,009	14,036	14,054
Morgan Stanley - UIT	281,204	295,009	298,947	301,878	295,343	296,051	305,302	303,364	304,017	310,794	320,309	330,894
Suncrest - Common Stock	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000	98,000
CVCB - Stock	69,517	69,517	69,517	69,517	69,517	69,517	69,517	69,517	69,517	69,517	69,517	69,517
Averages	<u>1,285,193</u>	<u>1,335,836</u>	<u>1,370,188</u>	<u>1,412,549</u>	<u>1,395,576</u>	<u>1,393,279</u>	<u>1,451,973</u>	<u>1,462,844</u>	<u>1,460,114</u>	<u>1,490,394</u>	<u>1,545,932</u>	<u>1,601,931</u>

Totals 17,205,809 Number of Months 12

Average Monthly Fair Market Value 1,433,817



Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Average Monthly Cash Balances  
Form 990-PF, Part X, Line 1b**

Cash Bal.	January	February	March	April	May	June	July	August	September	October	November	December
Morgan Stanley - Cash	363,435	365,745	367,889	369,291	371,269	373,402	375,161	377,519	379,707	381,136	383,108	385,256
Averages	<u>363,435</u>	<u>365,745</u>	<u>367,889</u>	<u>369,291</u>	<u>371,269</u>	<u>373,402</u>	<u>375,161</u>	<u>377,519</u>	<u>379,707</u>	<u>381,136</u>	<u>383,108</u>	<u>385,256</u>

Totals 4,492,918      Number of Months 12

Average Monthly Cash Balances 374,410

Form **990-W**

For Form 990-PF Purposes  
**Estimated Tax on Unrelated Business Taxable  
 Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(Worksheet)

Department of the Treasury  
 Internal Revenue Service

(and on Investment Income for Private Foundations)  
 ▶ Go to [www.irs.gov/Form990W](http://www.irs.gov/Form990W) for instructions and the latest information.  
 ▶ Keep for your records. Do not send to the Internal Revenue Service.

**2020**

1	Unrelated business taxable income expected in the tax year.....	1	
2	Tax on the amount on line 1. See instructions for tax computation.....	2	
3	Alternative minimum tax for trusts. See instructions.....	3	
4	Total. Add lines 2 and 3.....	4	
5	Estimated tax credits. See instructions.....	5	
6	Subtract line 5 from line 4.....	6	
7	Other taxes. See instructions.....	7	
8	Total. Add lines 6 and 7.....	8	
9	Credit for federal tax paid on fuels. See instructions.....	9	
10 a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions.....	10 a	800.
b	Enter the tax shown on the 2019 return. See instructions. <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c.....	10 b	
c	<b>2020 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c.....	10 c	800.

		(a)	(b)	(c)	(d)	
11	<b>Installment due dates.</b> See instructions.....	11	7/15/20	7/15/20	9/15/20	12/15/20
12	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a 'large organization'.....	12	0.	800.	0.	0.
13	<b>2019 Overpayment.</b> See instructions.....	13	0.	485.	0.	0.
14	<b>Payment due</b> (Subtract line 13 from line 12).....	14	0.	315.	0.	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-W (2020)





# California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name: **G FOR KIDS, INC.** California corporation number: **3215933**

Additional information. See instructions. FEIN: **94-3460050**

Street address (suite or room): **P.O. BOX 1431** PMB no. \_\_\_\_\_

City: **VISALIA** State: **CA** Zip code: **93279**

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  990-PF 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? If "Yes," enter the gross receipts from nonmember sources. \$ \_\_\_\_\_

**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

**M** Is the organization a Limited Liability Company?  Yes  No

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

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

**P** 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	218,357.
	2	Gross dues and assessments from members and affiliates	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B	180,000.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	398,357.
	5	Cost of goods sold	
	6	Cost or other basis, and sales expenses of assets sold	130,251.
	7	Total costs. Add line 5 and line 6	130,251.
	8	Total gross income. Subtract line 7 from line 4	268,106.
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	97,028.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	171,078.
<b>Filing Fee</b>	11	Total payments	
	12	Use tax. See General Information K	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	
	15	Filing fee \$10 or \$25. See General Information F	10.
	16	Penalties and Interest. See General Information J	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	10.
<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.		
<b>Paid Preparer's Use Only</b>	Signature of officer	Title <b>PRESIDENT</b>	Date
	Preparer's signature	Date <b>5/07/20</b>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	Telephone <b>(559) 802-1333</b>	
		PTIN <b>P00096494</b>	
	Firm's FEIN <b>33-0381007</b>		
	Telephone <b>(909) 971-1000</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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions . . . . .	●	1	
	2	Interest . . . . .	●	2	1,312.
	3	Dividends . . . . .	●	3	30,601.
	4	Gross rents . . . . .	●	4	
	5	Gross royalties . . . . .	●	5	
	6	Gross amount received from sale of assets (See Instructions) . . . . .	●	6	134,112.
	7	Other income. Attach schedule . . . . . SEE STATEMENT 1	●	7	52,332.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1 . . . . .		8	218,357.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule . . . . . SEE STATEMENT 2	●	9	80,000.
	10	Disbursements to or for members . . . . .	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule . . . . . SEE STMT 3	●	11	0.
	12	Other salaries and wages . . . . .	●	12	
	13	Interest . . . . .	●	13	8.
	14	Taxes . . . . .	●	14	60.
	15	Rents . . . . .	●	15	
	16	Depreciation and depletion (See instructions) . . . . .	●	16	
	17	Other Expenses and Disbursements. Attach schedule . . . . . SEE STATEMENT 4	●	17	16,960.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9 . . . . .		18	97,028.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .		551,784.	●	714,542.
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 5		724,793.	●	724,352.
8	Mortgage loans . . . . .			●	
9	Other investments. Attach schedule . . . . . ST 6		307,903.	●	316,122.
10a	Depreciable assets . . . . .				
	<b>b</b> Less accumulated depreciation . . . . .				
11	Land . . . . .			●	
12	Other assets. Attach schedule . . . . .			●	
13	<b>Total assets.</b> . . . . .		1,584,480.		1,755,016.
<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. Attach schedule . . . . .				
19	Capital stock or principal fund . . . . .			●	
20	Paid-in or capital surplus. Attach reconciliation . . . . .			●	
21	Retained earnings or income fund . . . . .		1,584,480.	●	1,755,016.
22	<b>Total liabilities and net worth.</b> . . . . .		1,584,480.		1,755,016.

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
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 . . . . .	●	171,078.
2	Federal income tax . . . . .	●	
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 . . . . .		171,078.
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 . . . . .		171,078.



Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

G for Kids, Inc.

Employer identification number

94-3460050

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

Form 990-PF

527 political organization

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, 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, 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, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization <b>G for Kids, Inc.</b>	Employer identification number <b>94-3460050</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	Visalia Toyota ----- 922 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Nissan of Visalia ----- 830 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Visalia Honda ----- 1016 S. Ben Maddox Way ----- Visalia, CA 93292 -----	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

G for Kids, Inc.

94-3460050

**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
---	N/A ----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----

Name of organization

G for Kids, Inc.

Employer identification number

94-3460050

**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 information once. See instructions.) ..... ▶ \$ \_\_\_\_\_ N/A  
 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
	N/A		

(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
-----	-----
-----	-----

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

Statement 1  
Form 199, Part II, Line 7  
Other Income

Income from Special Events.....	\$	52,332.
Total	\$	<u>52,332.</u>

Statement 2  
Form 199, Part II, Line 9  
Contributions, Gifts, Grants, and Similar Amounts Paid

Class of Activity:	Youth Development	
Donee's Name:	Boys and Girls Club of Tulare County	
Donee's Street Address:	215 W. Tulare Ave.	
Donee's City, State, ZIP:	Visalia CA 93277	
Relationship of Donee:	None	
Organizational Status of Donee:	509(a)1	
Amount Given:		\$ 25,000.

Class of Activity:	Welfare Service Toy Drive	
Donee's Name:	Friends of Tulare County	
Donee's Street Address:	5957 S. Mooney Blvd.	
Donee's City, State, ZIP:	Visalia CA 93292	
Relationship of Donee:	None	
Organizational Status of Donee:	501(c)3	
Amount Given:		7,500.

Class of Activity:	Disabled Youth Support	
Donee's Name:	Happy Trails Riding Academy	
Donee's Street Address:	P.O. Box 572	
Donee's City, State, ZIP:	Visalia CA 93279	
Relationship of Donee:	None	
Organizational Status of Donee:	509(a)1	
Amount Given:		7,500.

Class of Activity:	Youth Development	
Donee's Name:	Visalia Educational Foundation	
Donee's Street Address:	5000 W. Cypress Ave.	
Donee's City, State, ZIP:	Visalia CA 93277	
Relationship of Donee:	None	
Organizational Status of Donee:	501(c)(3)	
Amount Given:		40,000.

Total	\$	<u>80,000.</u>
-------	----	----------------



Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 3**  
**Form 199, Part II, Line 11**  
**Compensation of Officers, Directors, Trustees and Key Employees**

**Current Officers:**

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Donald J. Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	President 0	\$ 0.	\$ 0.	\$ 0.
Shelly K. Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Secretary 0	0.	0.	0.
Blake Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Amanda Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Jared Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Director 0	0.	0.	0.
Derek Groppetti 830 S. Ben Maddox Way Visalia, CA 93292	Treasurer 0	0.	0.	0.
<b>Total</b>		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**Statement 4**  
**Form 199, Part II, Line 17**  
**Other Expenses**

Accounting Fees.....	\$ 2,365.
Miscellaneous.....	1,968.
Other Professional Fees.....	378.
Special Event Expenses.....	12,249.
<b>Total</b>	<u>\$ 16,960.</u>

**Statement 5**  
**Form 199, Schedule L, Line 7**  
**Investments in Stocks**

Altria Group Inc (MO).....	\$ 23,594.
Apple Inc (APL).....	79,130.
AT&T Inc (T).....	51,038.
Central Valley Community Bank.....	69,518.
Chevron Corp (CVX).....	30,062.
Crown Castle Intl Corp (CCI).....	25,529.

Client 94346005

G for Kids, Inc.

94-3460050

2/24/21

09:33AM

**Statement 5 (continued)**  
**Form 199, Schedule L, Line 7**  
**Investments in Stocks**

Frontier Communications Corp (FTR) .....	\$	1,280.
Kraft Foods Group Inc Com (KRFT) .....		50,358.
Microsoft Corp (MSFT) .....		71,894.
Philip Morris Intl Inc (PM) .....		29,853.
SalesForce.com, Inc. (CRM) .....		49,799.
Starbucks Corp Washington (SBUX) .....		43,190.
Suncrest Common Stock .....		98,000.
Verizon Communications (VZ) .....		28,717.
Walt Disney Co Hldg Co (DIS) .....		72,390.
Total	\$	<u>724,352.</u>

**Statement 6**  
**Form 199, Schedule L, Line 9**  
**Other Investments**

MS Limited Duration US Govt Tr .....	\$	13,928.
Unit AAM Ubiquitous Strat 2019-4 .....		23,447.
Unit First Tr Water Utility Inf Sel 45 .....		0.
Unit First Trust Water Util Inf Sel 53 .....		48,950.
Unit Invesco Div Healthcare 2017-1 .....		0.
Unit Invesco Div Healthcare 2018-3 .....		45,193.
Unit Invesco Div Healthcare 2018-4 .....		23,695.
Unit Invesco Div Inc Leaders 2018-3 .....		0.
Unit Invesco Energy 2018-3 .....		27,297.
Unit Invesco Global 45 Div Strat 2017-4 .....		0.
Unit Invesco Global 45 Div Strat 2018-4 .....		39,367.
Unit MS Stocks for 2021 .....		94,245.
Total	\$	<u>316,122.</u>





(For Registry Use Only)

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400

## 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 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.

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

<p><b>G FOR KIDS, INC.</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>P.O. BOX 1431</b> Address (Number and Street)</p> <p><b>VISALIA, CA 93279</b> City or Town, State and ZIP Code</p> <p><b>(559) 802-1333</b>      <b>INFO@GFORKIDS.COM</b> Telephone Number      E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <b>CT0155100</b></p> <p>Corporation or Organization No. <b>3215933</b></p> <p>Federal Employer ID No. <b>94-3460050</b></p>
--	--

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

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/19 ending 12/31/19) list:

Gross Annual Revenue \$ 268,106.    Noncash Contributions \$ 0.    Total Assets \$ 1,755,016.  
 Program Expenses \$ 0.    Total Expenses \$ 97,028.

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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.**

	<b>DONALD J. GROPPETTI</b>	<b>PRESIDENT</b>	
Signature of Authorized Agent	Printed Name	Title	Date