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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

2022

Open to Public Inspection

Interna A Fo	or th	e 2022	calendar year, or tax year l	beginning 07-01-2022 , and e	nding 06-3	0-20	23					
B Che	ck if a	pplicable:	C Name of organization	·				D Emplo	yer identif	ication number		
☐ Ad	dress	change	GO KIDS INC					94-253	35812			
□Na		-	Doing business as	Doing business as								
☐ Initial return ☐ Final return/terminated												
_		d return	Number and street (or P.O. bo	ox if mail is not delivered to street addr	ess) Room/su	ıite		E Telepho	ne number	-		
□ Ар	plicati	on pending	885 MORO DRIVE					(408)	843-9000			
			City or town, state or province GILROY, CA 95020	e, country, and ZIP or foreign postal co	de							
			GIERO1, CA 93020					G Gross r	eceipts \$ 7	5,664,572		
			F Name and address of pr	incipal officer:		H((a) Is this	a group r	eturn for			
			885 MORO DRIVE					linates?		□Yes 🗹 No		
			GILROY, CA 95020			H((b) Are all include		ites	☐ Yes ☐No		
I Ta:	k-exel	mpt status	: I 501(c)(3) D 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or	527		If "No,	" attach a	list. See	instructions.		
J W	ebsit	te:► W	WW.GOKIDS.ORG			H(c) Group	exemptio	n number	>		
						1			T			
K Forr	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🗀	Association ☐ Other ►		L Ye	ear of forma	tion: 1978	M State	of legal domicile: CA		
Pa	art I	Sun	ımary									
1 6		_	.	sion or most significant activities:								
		TO ENRIC	CH THE COMMUNITY THROUG	H DELIVERY OF QUALITY COMPRE			JLTURALLY	SENSITI	/E CHILD	CARE AND		
)Ce	_	DEVELOP	MENT SERVICES THAT ARE A	CCESSIBLE, AFFORDABLE, AND C	OST EFFECT.	IVE.						
naf	:											
Ven												
Governance				on discontinued its operations or o				of its net				
	l		-	verning body (Part VI, line 1a)					3	5		
Activities &	l		•	ers of the governing body (Part VI				1	4	5		
¥	l		, ,	in calendar year 2022 (Part V, lin	•	•		•	5	210		
Act	l		•	if necessary)		•		•	6	10		
	l			n Part VIII, column (C), line 12					7a	0		
	b	Net unre	elated business taxable incom	e from Form 990-T, Part I, line 11		•		r Year	7b			
	_									Current Year		
<u>g</u>	l		- · · · · · · · · · · · · · · · · · · ·	e 1h)		-		51,618		74,332,846		
Rəvenue	l	_	•	ne 2g)		-		504,355 64				
Ş.	l		· · · · · · · · · · · · · · · · · · ·	(A), lines 3, 4, and 7d)		-			,767	364,775		
	l			lines 5, 6d, 8c, 9c, 10c, and 11e)		-			,645	317,530		
				1 (must equal Part VIII, column (A), line 12)			52,440	,453	75,664,572		
	l			t IX, column (A), lines 1–3)	•	L				0		
	l		Benefits paid to or for members (Part IX, column (A), line 4)							0		
38	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						12,950	,855	16,063,219		
Expenses	١		- ,	column (A), line 11e)		-				0		
S	l		draising expenses (Part IX, columi									
ш	l		rpenses (Part IX, column (A),		39,347		+					
	l		penses. Add lines 13–17 (mu:		52,298		75,200,996					
	19	Revenue	e less expenses. Subtract line	18 from line 12				142,354		463,576		
Net Assets or Fund Balances							Beginning o	of Current	Year	End of Year		
set	20	Total as	sets (Part X, line 16)			F		15,906	.807	23,900,856		
AB	l		bilities (Part X, line 26)			F		12,652		20,182,475		
돌	l		ets or fund balances. Subtract			ŀ		3,254		3,718,381		
	rt II		nature Block					5,25 .	,,,,,	37. 137331		
Under	pen-	alties of p	perjury, I declare that I have	examined this return, including ac								
knowl any k			ef, it is true, correct, and com	plete. Declaration of preparer (ot	her than offic	cer) i	is based or	all inforn	nation of v	which preparer has		
uny ik		lı										
		****	** ture of officer					8-11-08				
Sign /			ture of officer				Date					
Here	:		EA LA CROIX CFO									
		17	or print name and title	In .			1					
			Print/Type preparer's name	Preparer's signature	[Date	Chec	k 🗌 if	PTIN P0006732	3		
Paid			Firm's name . Michala Biala C	ompany				employed				
Pre		#I	Firm's name Nichols Rick & C	отпратту				's EIN ► 77	-0434/40			
Use	On	ily [Firm's address ► 16360 Monterey	rm's address ▶ 16360 Monterey Road Suite 170 Phon								
			Morgan Hill, CA	95037								
May t	he IR	S discus	s this return with the prepare	r shown above? (see instructions)					. 🗹 v	res □ No		
			eduction Act Notice, see th	<u> </u>		-	Cat. No. 1:	1282Y		Form 990 (2022)		

Form	990 (2	022)				Page 2
Pa	rt III	Statement of Program Se	rvice Accomplis	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗆
1	Briefly	describe the organization's miss				
		THE COMMUNITY THROUGH DELI HAT ARE ACCESSIBLE, AFFORDA			JLTURALLY SENSITIVE CHILDCARE	AND DEVELOPMENT
2	Did th	e organization undertake any sig	nificant program ser	vices during the year wh	nich were not listed on	
	the pr	ior Form 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these new services o	n Schedule O.			
3	Did th	e organization cease conducting,	or make significant	changes in how it condu	ıcts, any program	
		es?				☐ Yes ☑ No
4	Descri Sectio	ibe the organization's program se	rvice accomplishmer izations are required	to report the amount o	largest program services, as measu f grants and allocations to others, tl	
4a	(Code:) (Expenses \$	71,813,844	including grants of \$) (Revenue \$)
	•	Iditional Data	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, (,
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in S	chedule O.) including grants of	\$) (Revenue \$)
4e	Total	program service expenses ▶	71,813,8	44		

17

13

14a

20b

21

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2022)

	Charlist of Parvived Cabadulas			
Par	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🕲	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
			1 '	1

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . business, investment, and program service activities outside the United States, or aggregate foreign investments

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

15

16 17

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R , Part V , line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1,045		Yes	No

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

1c

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
F-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N.
эа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI									
Section A. Governing Body and Management									
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a officer, director, trustee, or key employee?	iny other	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct of officers, directors or trustees, or key employees to a management company or other person? .	supervision	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed? . $ig[$	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No				
6	Did the organization have members or stockholders?	[6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint or members of the governing body?	ne or more	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockhold persons other than the governing body?	ders, or	7 b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following:	ne year by							
а	The governing body?		8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	[8 b		No				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O	the	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Interna-	al Revenue	Code	∍.)					
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	.	10a		No				

_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b List the states with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)

1 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ACCOUNTING DEPARTMENT 885 MORO DRIVE GILROY, CA 95020 (408) 843-9000 Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organions	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) KENDRA BOBSIN EXECUTIVE DIRECT	40.00							258,396	0	29,844
(2) JESSICA KRANZ PROGRAM DIRECTOR	40.00							242,808	0	28,674
(3) TODD TEVIS HR DIRECTOR	40.00							240,138	0	27,712
(4) ANDREA LA CROIX CFO	40.00							233,418	0	28,206
(5) KEITH MORALES COMM ENGAGEMENT	40.00							170,173	0	20,199
(6) PATRICIA DUNOSKY Director	5.00 0.00	Х						0	0	0
(7) KAY GIBSON Secretary	5.00 0.00	Х		х				0	0	0
(8) ANTHONY MORALES Director	5.00 0.00	Х						0	0	0
(9) DAVID WRIGHT President	5.00 0.00	Х		х				0	0	0
(10) TONY MARANDOS Treasurer	0.00	Х		Х				0	0	0
						I.				Form 990 (2022)

Page **8**

Tall VIII Decision At Officers, Direct	7010, 1140000	27 10 y .	<u>p</u> .		<u></u> /	<u>/ unu</u> .	<u>g</u> .	Tool compensati	T Improved (macay	
(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an of	ot che unles fficer	neck mo ess pers er and a stee)	son	from the organization	(E) Reportable compensation from related organizations	Reportable compensation from related organizations) ated of other sation the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	€nsat	Former	- (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC	organizati relate organiza	ed	
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			<u></u>	L'	\perp	<u> </u>	\perp			\downarrow		
1b Sub-Total	art VII, Section					•	<u> </u>	1,144,933		_		134,635
d Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the	g but not limited	d to thos				▶ /e) who	o rec		.00,000			134,000
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			:ee, k	ey e	mpl	oyee, d	or hi •	ighest compensated	employee on	3		No
For any individual listed on line 1a, is organization and related organization individual									n the	4	Yes	
5 Did any person listed on line 1a receiv services rendered to the organization										5	+	No
Section B. Independent Contract			<u> </u>	_	_		_					
Complete this table for your five high- from the organization. Report comper										npen	sation	
	(A) and business addre	ess		_	_		_		(B) cription of services		(C Compen	nsation
KUEGH CORP		 _	_	_	_	<u>-</u> -	_	CHILDCARE	PROVIDER		1,	,033,450
PO BOX 741282 LOS ANGELES, CA 90074 PLAY AND LEARN PRESCHOOL INC								CUILD CAR	- BROVADED			841,215
PLAY AND LEARN PRESCHOOL INC 3800 NARVAEZ AVENUE								CUIED CVIV	E PROVIDER			841,215
SAN JOSE, CA 95136 HOLLISTER CHILD DEVELOPMENT CENTER				—	—			CHILDCARE	PROVIDER			632,322
331 GATEWAY DRIVE												
ACTION DAY PRIMARY PLUS								CHILD CAR	E PROVIDER			949,852
3030 MOORPARK AVENUE SAN JOSE, CA 95128												
TODD RESETARLITTLE LEARNERS CHILDCARE				_				CHILDCARE	PROVIDER			492,132
3585 VALENICA ROAD APTOS, CA 95003 2 Total number of independent contractor	C. I. Bas bu		1			11 - 1 - d		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	** *100.00	ء ۔ د		
4.2 Total number of independent contractor	ce (including bu)	r not lim	nited .	ro th	1056	₄ licted	aho:	ve) who received m	iore than \$100 00°	വര£I	i	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ► 143

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Total Add lines 2a-2f. Suspense conductions are second proceed to any line in this Paul VIII	(D) Revenue
Total revenue Pelated or exempt to the program service Pelated or exempt Pelated or exempt Pelated or exempt Pelated or	Revenue
Page	excluded from tax under sections 512 - 514
	1 312 314
All other contributions, gifts, grants above a display and similar amounts for incided above a display and above a display and above a display above a display and above anamed and above and above and above and above and above and above	
Business Code Second Seco	
Business Code Second Seco	
Business Code Second Seco	
Business Code Second Seco	
2a PROGRAM SERVICE FEES 649,421 649,421 b	
Table Tabl	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
f All other program service revenue. 9 Total. Add lines 2a-2f.	
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	
Similar amounts)	
From the first threshold of the first transfer of tr	364,775
(i) Real (ii) Personal	
b Less: rental expenses c Rental income or (loss) 6c 233,667 83,863 d Net rental income or (loss)	+
b Less: rental expenses c Rental income or (loss) 6c 233,667 83,863 d Net rental income or (loss)	
C Rental income or (loss) d Net rental income or (loss)	
or (loss) d Net rental income or (loss)	
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 5 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) To d Net gain or (loss) Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	317,530
from sales of assets other than inventory b	
than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b b Less: direct expenses 8b c Net income or (loss) from fundraising events	
other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	
C Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events	
d Net gain or (loss)	
Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	
(not including \$	
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 0 10aGross sales of inventory, less returns and allowances 10a	
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 0 10aGross sales of inventory, less returns and allowances 10a	
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 0 10aGross sales of inventory, less returns and allowances 10a	
9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities • 0 10aGross sales of inventory, less returns and allowances 10a	
b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 10aGross sales of inventory, less returns and allowances 10a	
c Net income or (loss) from gaming activities • 0 10aGross sales of inventory, less returns and allowances . • 10a	
10aGross sales of inventory, less returns and allowances 10a	
returns and allowances 10a	
= ====	
c Net income or (loss) from sales of inventory ▶	
Miscellaneous Revenue Business Code 11a	
ь	
с	1
	<u> </u>
d All other revenue	
e Total. Add lines 11a–11d ▶ 0	
12 Total revenue. See instructions	682,305

Form 990 (2022)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,986,813	1,108,455	763,552	114,806
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	9,636,350	8,210,866	1,425,484	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,606,727	1,339,854	255,593	11,280
9 Other employee benefits	1,802,526	1,505,212	287,138	10,176
10 Payroll taxes	1,030,803	857,519	163,582	9,702
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,284,591	1,189,007	95,584	
17 Travel	71,929	68,267	2,674	988
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	15,555	8,889	5,857	809
20 Interest	59,372	21,390	37,982	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	182,281	182,281		
23 Insurance	179,386	170,010	9,376	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VENDOR PROVIDER PAYMENTS	52,524,055	52,520,404		3,651
b SUPPLIES	1,129,404	1,096,783	30,908	1,713
c EQUIPMENT RENT AND MAINTENANCE	1,063,173	1,036,675	25,943	555
d PROFESSIONAL FEES	1,029,763	982,214	43,898	3,651
e All other expenses	1,598,268	1,516,018	80,990	1,260
25 Total functional expenses. Add lines 1 through 24e	75,200,996	71,813,844	3,228,561	158,591
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

2,384,117

527.260

479,734

2,519,377

67.264

2,468,199

15,906,807

6,358,221

2.906.128

316.482

580,194

2,490,977

12.652.002

2,662,252

3,254,805

15,906,807

592,553

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31

32

33

Page **11**

,079

,873

0

533,747

2,348,987

71.057

2,664,095

23,900,856

9,984,666

5.043.738

1.907.635

521,579

2,724,857

20.182.475

2.949,700

768,681

3,718,381

23,900,856

Form 990 (2022)

0

0

7,067,122

463.896

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

Accounts receivable, net

Pledges and grants receivable, net .

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Inventories for sale or use . . Prepaid expenses and deferred charges .

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

controlled entity or family member of any of these persons

		Beginning of year		End of year
1	Cash-non-interest-bearing	6,187,851	1	611
2	Savings and temporary cash investments	1,273,005	2	10,140

5.617.632

3,268,645

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

3,718,381

9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)	10	3	718,381
Pa	art XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		 	
			 Yes	No
1	Accounting method used to prepare the Form 990:			

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3h

Yes

Yes

Yes

Yes Form 990 (2022)

9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		3	,718,381
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

separate basis, consolidated basis, or both:

Separate basis

consolidated basis, or both: ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 22015553 Software Version: 2022v5.0

EIN: 94-2535812

CRUZ COUNTIES.

Form 990 (2022) Form 990, Part III, Line 4a:

Name: GO KIDS INC

CHILD CARE - THE AGENCY PROVIDES CHILD CARE SERVICES IN CENTER BASED AND FAMILY DAY CARE SETTINGS IN SANTA CLARA, SAN BENITO, MONTEREY AND SANTA

efil	e GR/	APHIC pri	nt - DO NOT PROCES	S As Filed Data -			DLN: 9	3493312037743
SCI	HFD	ULE A	Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(For	m 99	(0) f the Treasury	Complete if the	organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	r a section	2022 Open to Public
Interna	ıl Reven	nue Service	► Go to <u>www.</u>	<i>irs.gov/Form990</i> for i	nstructions and	the latest info		Inspection
	e of th DS INC	he organiza :	tion				Employer identific	ation number
							94-2535812	
	rt I		for Public Charity Starting for Public Charity Starting S				see instructions.	
1			onvention of churches, or	•	•	• •	(A)(i).	
2		·	scribed in section 170(b				(,(.).	
3			or a cooperative hospital s		,	, ,	THIA.	
4		·	esearch organization oper	-			•	nter the hospital's
•	Ш	name, city,		ated in conjunction with	a nospital desci	bed iii section .	170(D)(1)(A)(III): L	inter the hospital's
5			ation operated for the ben (iv). (Complete Part II.)	efit of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(<i>A</i>	A)(v).	
7	✓		ation that normally receive $\mathbf{0(b)(1)(A)(vi)}$. (Complete		s support from a	governmental ι	ınit or from the gener	al public described in
8	П		ty trust described in sect	•	(Complete Part I	I.)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit	ation that normally receive ies related to its exempt in income and unrelated but see section 509(a)(2).	functions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross
11			ation organized and opera		r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization a through 12d that descril	is described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization op n(s) the power to regularl Part IV, Sections A and	perated, supervised, or copy appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting organ plete Part IV, Sections	upervised or controlled i nization vested in the sar				
c		Type III f	unctionally integrated.	A supporting organizatio				ted with, its
d		Type III n	organization(s) (see instru on-functionally integra integrated. The organiza i). You must complete I	ted. A supporting organition generally must satis	ization operated fy a distribution	in connection wi	th its supported organ	
e		Check this	box if the organization red or Type III non-functiona	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization		-			
g	Provi	ide the follow	ing information about the	supported organization(s).			
		Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed iing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			I					
Tota			tion Act Notice, see the	<u> </u>	Cat. No. 1128!	<u> </u>		 A (Form 990) 2022

Part II

(f) Total

216,244,486

421,429

2,021,913

218,687,828

98.880 %

98.780 %

0

Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 24,187,057 46,990,551 51,618,686 74,332,846 membership fees received. (Do not 19,115,346 216,244,486 include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge... 19,115,346 24,187,057 46,990,551 51,618,686 74,332,846 216,244,486 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . Public support. Subtract line 5 216,244,486

(b) 2019

2,845

223,950

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2020 Schedule A, Part II, line 14

24,187,057

29,119

726,188

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

from line 4. Section B. Total Support Calendar year (a) 2018

	(or fiscal year beginning in) ▶	(a) 2010	
7	Amounts from line 4	19,115,346	
8	Gross income from interest.		

Section C. Computation of Public Support Percentage

dividends, payments received on

securities loans, rents, royalties

and income from similar sources

the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital

assets (Explain in Part VI.). . Total support. Add lines 7 through

Net income from unrelated business activities, whether or not

10

11



(d) 2021

51,618,686

3,767

313,645

(e) 2022

74,332,846

364,775

317,530

Schedule A (Form 990) 2022

12

14

15

(c) 2020

46,990,551

20,923

440,600

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed	pelow, please co	mplete Part II.)	
56	ection A. Public Support Calendar year		I	I		<u> </u>	
	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
_	13 for the year.						
8 8	Add lines 7a and 7b Public support. (Subtract line 7c						
0	from line 6.)						
Se	ection B. Total Support						
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2010	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(I) Iotai
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
	Add lines 10a and 10b. Net income from unrelated business						
11	activities not included on line 10b,						
	whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13							
13	11, and 12.).						
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and stop here						▶ □
Se	ection C. Computation of Public S						
15	Public support percentage for 2022 (lin	ie 8, column (f) d	ivided by line 13,	column (f))		15	
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 202			line 13, column (f))	17	
18	Investment income percentage from 2	-			• •	18	
19a							e 17 is not
139	• • •	-		-			_
ı.	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the						
b		-			·		_
	not more than 33 1/3%, check this box						
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see	instructions	. ▶ 📙

5a

6

7

8

10a

Part IV Supporting Organizations

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2022

Page 4

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

Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	

	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

	(m, continue 500(c)(d) (m) (2)		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	2 / /		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

	, and the second se		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
		$\overline{}$	

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

SCH	ledule A (Form 990) 2022			age 5
Pa	Supporting Organizations (continued)			
			Yes	No
	. Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
-	<i>VI.</i> Section B. Type I Supporting Organizations			
	ection b. Type I supporting organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	100	
2	Did the organization energie for the handlit of any supported organization other than the supported organization (s) that			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	!		
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? If "Yes" or "No", provide details in Part VI . b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.			

instructions)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrate	ed Type III supporting or	ganization (see

4 Distributions for 2022 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Excess from 2020.

e Excess from 2022.

d Excess from 2021.

c Remainder. Subtract lines 4a and 4b from line 4.

Section D - Distributions

Schedule A (Form 990) (2022)

Page **7**

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
	Distribute ble account for 2022 from Carting C. line C.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to what details in Part VI). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6		9	
10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	ons	(iii) Distributable Amount for 2022	
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019		·	
d From 2020			
e From 2021			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022	(III) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
b Excess from 2019		

Schedule A (Form 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

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OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ► Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GO KIDS INC 94-2535812 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2022

Par	t 1111	Organizations Ma	aintaining Coll	lections o	of Art, H	listori	cal T	reası	ures, o	r Other	Similar A	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		, and other	records,	check a	any of	the fo	ollowing t	hat are a	significant	use of its coll	ection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	er					
c		Preservation for future	e generations											
4	Provide Part	de a description of the		ections and	l explain l	now the	y furtl	her th	e organiz	zation's ex	kempt purpo	ose in		
5		ng the year, did the orgons is to be sold to raise fur										☐ Yes	□ N	0
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, I	ine 9, o	r reporte	ed an amou			
1a		e organization an agent ded on Form 990, Part)										Yes	□ N	o
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table:				Δ	mount		_
c		nning balance		•		_				1c				_
d	_	ions during the year .								1d				_
e		ibutions during the year.								1e				_
f		ng balance								1f				_
2a		he organization include							'		ability?	☐ Yes	N	— о
b	If "Ye	es," explain the arrange	ement in Part XIII.	Check here	e if the ex	(planati	on has	s been	provide	d in Part :	ΚΙΙΙ			
Pa	rt V	Endowment Fund				•			•					
		Complete if the org	ganization answ	ered "Yes	" on For	m 990	, Part	IV, li	ine 10.					
				(a) Currer	nt year	(b) P	rior yea	ar	(c) Two y	ears back	(d) Three ye	ears back (e) F	our yea	rs back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
С	Net inv	vestment earnings, gair	ns, and losses											
d	Grants	or scholarships												
		expenditures for facilitie	es											
f	Admini	istrative expenses .												
g	End of	year balance												
2 a		de the estimated perce d designated or quasi-e	endowment >	•		(line 1g	g, colu	mn (a)) held a	s:		•		
		anent endowment >												
b														
С		endowment ►		I-I I 404	00/									
За		percentages on lines 2a here endowment funds	•			ion that	aro b	old an	d admin	istored fo	r tha			
Ja		nization by:	not in the posses	sion or the	organizaci	ion that	. are ii	eiu ai	iu auiiiiii	istereu 10	i tile		Yes	No
	-	nrelated organizations										3a(i)		
	(ii) R	Related organizations										3a(ii)		
b	If "Ye	es" on 3a(ii), are the rel	lated organization	s listed as r	required o	n Sche	dule R	.?				3b		
4	Descr	ribe in Part XIII the inte			n's endov	vment f	unds.							
Pai	rt VI	Land, Buildings,												
		Complete if the or	7											
	Descri	iption of property	(a) Cost or oth (investme		(b) Cost	or other	basis (other)	(c) Acc	umulated o	lepreciation	(d) Bo	ook valu	e
1 ~	Land						5/	06,500						506,500
	Land										2 564 000		-	•
		ngs					4,2	56,906			2,564,099]	.,702,807
		nold improvements												40
d	Equipn	nent					84	44,226			704,546			139,680
е	Other													

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

2,348,987

Part VII		Davit TV	lino 115 C T	000 D	rt V lina 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	Part IV (b) Book value	Cos	(c) Method	rt X, line 12. of valuation: ear market value
(1) Financia	l derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
Total. (Colum Part VIII		<u> </u>			
1 4111	Complete if the organization answered 'Yes' on Form 990,	Part IV			
	(a) Description of investment		(b) Book value	Cost or e	Method of valuation: end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	<u> </u>			
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV,	line 11d. See For	m 990, Part :	X, line 15. (b) Book value
(1)OPERATI (2)	NG LEASE RIGHT OF USE				2,664,095
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			🕨	2,664,095
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F	Part IV.	line 11e or 11f.9	See Form 99	90. Part X. line 25.
1.	(a) Description of liability	uic IV,	IIIC IIC OI IIII	500 1 01111 3.	(b) Book value
	income taxes LEASE LIABILITY				2,724,857
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footno	te to the	e organization's fina	ncial statem	2,724,857
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check				_

Schedule D (Form 990) 2022

Page 4

	Complete if the organi	<u>ization answered 'Yes' on Form 990, Par</u>	t IV, I	ine 12a		
1	Total revenue, gains, and other s	upport per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facil	ities	2b		7	
c	Recoveries of prior year grants		2c		7	
d	Other (Describe in Part XIII.) .		2d		7	
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b		7	
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.			5	
Par		penses per Audited Financial Staten			Retur	n.
	· · · · · · · · · · · · · · · · · · ·	ization answered 'Yes' on Form 990, Par	t IV, I	ine 12a.	Τ.	T
1	·	dited financial statements			1	
2	Amounts included on line 1 but n	, ,		1		
а	Donated services and use of facil	ities	2a		_	
b	Prior year adjustments		2b		_	
С	Other losses		2c		_	
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18	.) .		5	
Pa	rt XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b. Also complete this part to provid			t V, line	e 4; Part X, line 2; Part
	Return Reference		Ex	planation		
See ,	Additional Data Table					

chedule D (Form 990) 2022		Page 5			
Part XIII Supplemental Info	ormation (continued)				
Return Reference	Explanation				

Schedule D (Form 990) 2022

Additional Data

Software ID: 22015553 Software Version: 2022v5.0 **EIN:** 94-2535812 Name: GO KIDS INC

NO MATERIAL IMPACT FROM IMPLEMENTATION.

Supplemental Infe

Part X: FIN48 Footnote

emental	Information
Return F	Reference

Explanation

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49331	2037	743		
	nedule J	Co	ompensati	ion Information	0	MB No.	1545-0	0047		
•	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					2022 Open to Public			
	tment of the Treasury al Revenue Service	Go to <u>www.ms.go</u>	70/1101111990 101	mistructions and the latest mion	illation.		ectio			
	me of the organiza KIDS INC	ation			Employer identifica	tion nu	mber			
GO	KIDS INC				94-2535812					
Pa	rt I Questi	ons Regarding Compensa	tion							
1a				the following to or for a person liste y relevant information regarding the			Yes	No		
		s or charter travel		Housing allowance or residence for						
	_	companions		Payments for business use of person	•					
		nification and gross-up payment	:s \Box	Health or social club dues or initiati						
	Discretion	nary spending account		Personal services (e.g., maid, chau	ffeur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to exp		1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/E	Executive Director	r, regarding the items checked on Li	ne 1a?					
3	organization's C	EO/Executive Director. Check al	ll that apply. Do r	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	Compens	ation committee	\checkmark	Written employment contract						
		ent compensation consultant	<u> </u>	Compensation survey or study				l		
		of other organizations	\checkmark	Approval by the board or compensa	ation committee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a					
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No		
b				ified retirement plan?		4b		No		
С		. , ,	,	nsation arrangement? Dicable amounts for each item in Par		4c		No		
	Only 501(c)(3), 501(c)(4), and 501(c)(29)) organizations	must complete lines 5-9.						
5	For persons liste			the organization pay or accrue any						
а	The organization	1?				5a		No		
b		anization?				5b		No		
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any						
а	The organization	1?				6a		No		
b						6b		No		
	•	6a or 6b, describe in Part III.								
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixe rt III		7		No		
8	subject to the ir		ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe 	8		No		
9	If "Yes" on line 53.4958-6(c)? .			presumption procedure described in	Regulations section	9				
For F		ıction Act Notice, see the Ins			50053T Schedule 3		990)	2022		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title)(i)-(iii) for each listed individual must equal the total amount of Form 990, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
ANDREA LA CROIX	(i)	233,418			28,206		261,624	
CFO	(ii)							
2 JESSICA KRANZ PROGRAM DIRECTOR	(i)	242,808			28,674		271,482	
	(ii)	1	1	'		1	1	
3 KEITH MORALES COMM ENGAGEMENT	(i)	170,173			20,199		190,372	
	(ii)					<u> </u>	<u> </u>	1
4 KENDRA BOBSIN EXECUTIVE DIRECT	(i)	258,396	'		29,844		288,240	
	(ii)		 			 	<u> </u>	
5 TODD TEVIS HR DIRECTOR	(i)	240,138	'		27,712		267,850	
	(ii)	'				 	 	1
		<u> </u>						
			'					
	++							
	+		-					
	+-	<u> </u>	-			 		
	\perp	 	<u> </u>					<u> </u>
		.						
		l'	'	'	!	<u></u> !		
			'					
	+		1					
	+		<u> </u>	<u> </u>	+			

DLN: 93493312037743 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2022 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** GO KIDS INC 94-2535812 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household aoods Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution—Other . Real estate—Residential . **16** Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ (______) Other ▶ (______) 26 Other ► (______) 27 Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . Νo 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Νo 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2022) Cat. No. 51227J

Schedule M (Form 990) (2022)							
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization						
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
	Schedule M (Form 990) (2022)						

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493312037743
SCHEDUL	E O	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			90-EZ	OMB No. 1545-0047
(Form 990)					ions on	2022
Department of the T Internal Revenue Se		► Attach to Form 990 or 990-EZ.► Go to <u>www.irs.gov/Form990</u> for the latest information.				Open to Public Inspection
Name of the org GO KIDS INC	ganization				Employer identi 94-2535812	fication number
990 Schedule	e O, Supp	lemental Informatio	n			
Return Reference	Explanation					
Form 990, Part VI, Section B, Line 11b	REVIEWE	ED BY EXECUTIVE COMM	MITTEE PRIOR TO FI	LING		

Return Explanation Reference Form 990. ANNUAL SELF REVIEW

990 Schedule O, Supplemental Information

Form 990, ANNUAL SELF REVIEW
Part VI,
Section B,
Line 12c

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 15b

EXECUTIVE COMMITTEE PERFORMS PERFORMANCE REVIEWS AND USES COMPARABLE DATA AND SURVEYS IN
DETERMINING COMPENSATION

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 19

Form 990,
Part VI,
Section C.

AVAILABLE UPON REQUEST AND AT WWW.GUIDESTAR.ORG