** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

А	FOI LIN	e 2020 calendar year, or tax year beginning	and end	iiig	_	
В	Check if applicabl	C Name of organization			D Employer identifi	cation number
	Addre	CAKE4KIDS				
	Name chang	Doing business as			45-31489	16
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)) Roor	m/suite	E Telephone numbe	
	Final return	PO BOX 2863			(650)255	
	termin ated	City or town, state or province, country, and ZIP or foreign postal	code		G Gross receipts \$	535,239.
Ļ	Amen	BUNNIVALE, CA 94007			H(a) Is this a group re	
	Application pendi				for subordinates	
		SAME AS C ABOVE			H(b) Are all subordinates in	
			947(a)(1) or L	527	1	list. See instructions
		te: WWW.CAKE4KIDS.ORG		- \/	H(c) Group exemptio	
		organization: X Corporation Trust Association Other		L Year	of formation: ZUIII	M State of legal domicile: CA
P	art I	Summary	CVKEVK	TDC	DDOMINEC DI	סעמטאַ אַ
ခွ	1	Briefly describe the organization's mission or most significant activities: CAKES FOR CALIFORNIA CHILDREN WHO OT	.AFEARD	<u>6 MU</u>	THOUTOES BE	F A
nan	1	Check this box if the organization discontinued its operations				
Ver					i	8
ၓ		Number of independent voting members of the governing body (Part VI				8
ళ		Total number of individuals employed in calendar year 2020 (Part V, line				5
iţie		Total number of volunteers (estimate if necessary)				3500
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			·····	0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
					Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		🗀	415,629.	535,215.
nue	9	Program service revenue (Part VIII, line 2g)		🔲	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		🗀	24.	24.
<u></u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-24,634.	-10,425.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),		391,019.	524,814.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			207,080.	293,430.
					0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5-10)		134,572.	139,331.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			14,450.	3,655.
Ϋ́	b				40 204	42.052
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			48,394.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25			404,496. -13,477.	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12				44,446.
Net Assets or Fund Balances		T		Re	ginning of Current Year 194,648.	End of Year 362,424.
ASS Bals	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)			0.	123,330.
let /	21	, , , , , , , , , , , , , , , , , , , ,			194,648.	239,094.
P	art II	Net assets or fund balances. Subtract line 21 from line 20			131,010.	235,054.
		Ities of perjury, I declare that I have examined this return, including accompanying	a schedules and	1 statem	ents, and to the best of m	v knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer) is based on all inform	-			y miomoago ana sonon, mio
_	,		•	'		
Sig	ın	Signature of officer			Date	
He		▲ JOHN WONG, CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature			Date Check	PTIN
Pai	d	LANCE SMITH			if self-employ	
Pre	parer	Firm's name ► NOVOGRADAC & COMPANY LLP				94-3108253
Use	Only	Firm's address 1435 N. MCDOWELL BLVD, SUIT	TE 350			
		PETALUMA, CA 94954			Phone no. (4	15)223-6130
Ма	y the II	RS discuss this return with the preparer shown above? See instructions				X Yes No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iiii ig oi ti	inis form, visit www.ns.gov/e file providers/e file for chair	tico aria r	ion promo.							
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
All corpo	rations required to file an income tax return other than Fe	orm 990-T	(including 1120-C filers), partnership	ps, REMIC	s, and trusts					
must use	Form 7004 to request an extension of time to file incom	e tax retu	rns.							
Type or	pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN)									
print				, a		(, , , , ,				
-	CAKE4KIDS				45-31489	16				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s PO BOX 2863	ee instruc	tions.							
instructions	City, town or post office, state, and ZIP code. For a for SUNNYVALE, CA 94087	oreign add	lress, see instructions.							
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1				
Applicat	ion	Return	Application			Return				
ls For		Code	Is For			Code				
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	D-BL	02	Form 1041-A			08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09				
Form 990)-PF	04	Form 5227							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11				
Form 990	O-T (trust other than above) JOHN WONG	06	Form 8870			12				
Telepl If the	ooks are in the care of ▶ PO BOX 2863 - Section No. ▶ (650)255-2968 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶	s in the Ur Group Exe	Fax No. ▶	If this is fo	r the whole group,					
1 I re	equest an automatic 6-month extension of time until errorganization named above. The extension is for the org \boxed{X} calendar year 2020 or	NOVE	MBER 15, 2021 , to file		npt organization ret					
>	tax year beginning	, an	d ending							
2 If t										
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less							
an	y nonrefundable credits. See instructions.			3a	\$	0.				
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_				
est	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.				
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required, by			_				
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3с	\$	0.				
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO f	or payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form	n 990 (2020) CAKE4KIDS	45-3148916 Page 2
Pai	rt III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	T DDEN THIS
	CAKE4KIDS PROVIDES BIRTHDAY CAKES FOR CALIFORNIA CHI OTHERWISE WOULD NOT HAVE A BIRTHDAY CAKE. CAKE4KIDS	
	HELP FOSTER KIDS AND AT-RISK YOUTH FEEL SPECIAL AT I	
	YEAR, TO RAISE SELF-ESTEEM AND TO INCREASE THEIR CHA	
2	Did the organization undertake any significant program services during the year which were not listed or	
_	prior Form 990 or 990-EZ?	77
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total expenses, and
	revenue, if any, for each program service reported.	0
4a	(Code:) (Expenses \$ 460,851. including grants of \$ 293,430.) PROVIDE BIRTHDAY CAKES TO AT-RISK YOUTH, HELP EACH O	
	AT LEAST ONE DAY A YEAR. TO RAISE SELF-ESTEEM AND TO	
	CHANCE OF SUCCESS IN SCHOOL AND LIFE KNOWING THAT PE	
	(4,509 CAKES WERE PROVIDED TO AT-RISK YOUTH IN 2020)	
	(4,505 CIMED WERE TROVIDED TO HE RIDE TOOTH IN 2020)	•
4b	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	460 051	

45-3148916 Page **3**

Form 990 (2020) CAKE4KIDS Part IV 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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	11b		X
С	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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ ₃₂
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ ₃₇
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ ₃₇
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
	complete Schedule G, Part III	19		X
20a	, , , , , , , , , , , , , , , , , , , ,	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) CAKE4KIDS Part IV 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	Х	
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? If "Yes," complete			77
	Schedule J	23		Х
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	١.,		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		<u> </u>
26	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see 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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	1
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included in line 1a. Enter -0- if not applicable	H		
	Enter the number of Forms w-2d included in line 1a. Enter 40- in 10t applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Λ	Щ_

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
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	2 a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	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 a second	· · · · · · · · · · · · · · · · · · ·	_		v
	to file Form 8282?		7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		-22
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, airpla		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	ut incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School up O	it income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020) CAKE4KIDS 45-3148916 Page (

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, 01 Tob below, describe the circumstances, processes, or changes on schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 72	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-25
7a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 a		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	Х	
b		8b	Х	
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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	1 7 7 5	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
42	in Schedule O how this was done	12c		Х
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN WONG - (650)255-2968			
	PO BOX 2863, SUNNYVALE, CA 94087			

Form 990 (2020) CAKE4KIDS 45-3148916 Page 7

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 year.
- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

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

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TOM WALSH	1.00								_	•
PRESIDENT	1000	Х		Х				0.	0.	0.
(2) JULIE EADES	10.00									•
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) JOHN WONG	2.00									•
TREASURER	1 00	Х		Х			_	0.	0.	0.
(4) KRIS GONZALES	1.00									•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) AXELLE GIRARDOT	1.00	,,								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) BRIAN JOHNSON	1.00	X						0.	0.	•
BOARD MEMBER	1.00	^						0.	0.	0.
(7) DONICA FORENSICH	1.00	x						0.	0.	0.
BOARD MEMBER (8) DEBORAH GRANT	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
BOARD MEMBER								0.	0.	0.
		1								
-										
				\vdash			\vdash			
		-								
		-								
	Î.							I	l .	

Гап	Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>rees</u>	, and	a Hi	<u>igne</u>	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot or/trus	h an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d ns	am com	(F) timate nount o other pensat	of tion
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	orga and	om the anizati d relate anizatio	on ed
			-											
			-											
	Subtotal			<u> </u>			<u> </u>	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d _2	Total (add lines 1b and 1c) Total number of individuals (including but r							no re),000 of reportab				0.
	compensation from the organization												Yes	No.
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								phest compensated emp			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y unr			idual for services	3	-		
Sect	rendered to the organization? If "Yes," com tion B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son .					5		X
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir	the organization's tax (B)	year.		(C	 ;)	
	Name and business	address	NC	ONI	Ξ				Description of s	services	C	Comper	nsation	1
2	Total number of independent contractors (\$100,000 of compensation from the organi	-	ıot liı	mite	d to	tho (se li:	sted	d above) who received n	nore than				

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45-3148916 Form 990 (2020) CAKE4KIDS Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 134,643. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 400,572. similar amounts not included above 1f 293,085 1g \$ g Noncash contributions included in lines 1a-1f 535,215. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 24. 24 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 134,643. of contributions reported on line 1c). See 0 Part IV, line 18 10,425. **b** Less: direct expenses _____ -10,425. -10,425.c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory **Business Code** 11 a

524,814.

0.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

Form 990 (2020) CAKE4KIDS Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Objects if Octobrillo Octobrillo Octobrillo Octobrillo Octobrillo Octobrillo Octobrillo Octobrillo Octobrillo	Τ

	Check if Schedule O contains a response	se or note to any line in	this Part IX	, ,				
Do	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, (A) (B) (C) (D)							
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Managèment and	Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations							
_	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic	202 420	202 420					
	individuals. See Part IV, line 22	293,430.	293,430.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	100,548.	100,548.					
8	Pension plan accruals and contributions (include	-	-					
-	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	1,250.	1,250.					
10	Payroll taxes	37,533.	37,533.					
		3.,333.	3,,333.					
11	Fees for services (nonemployees):							
a	Management	2,805.		38.	2,767.			
	Legal	3,600.		3,600.	2,707•			
	Accounting	3,000.		3,000.				
	Lobbying	2 (55			2 (55			
е	Professional fundraising services. See Part IV, line 17	3,655.			3,655.			
f	Investment management fees							
g	,							
	column (A) amount, list line 11g expenses on Sch O.)							
12	Advertising and promotion	3,179.	2,291.		888.			
13	Office expenses	13,821.	12,543.	1,278.				
14	Information technology	10,512.	9,612.	900.				
15	Royalties							
16	Occupancy							
17	Travel	776.	776.					
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	23.	23.					
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23		3,952.		3,952.				
23 24	Other expenses. Itemize expenses not covered	3,3321		3,3324				
24	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A)							
_	amount, list line 24e expenses on Schedule 0.) BANK CHARGE/PROCESS FEE	3,811.	1,472.	2,339.				
a	PROGRAMS	1,373.	1,373.	4,333.				
b	MISCELLANEOUS	100.	Ι,3/3•	100.				
С	HISCENTWINEOUS	100.		100.				
d								
е	All other expenses	400 360	460 051	10 007	7 212			
25	Total functional expenses. Add lines 1 through 24e	480,368.	460,851.	12,207.	7,310.			
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)							
03201	0 12-23-20				Form 990 (2020)			

45-3148916 Page **11** Form 990 (2020)
Part X Balance Sheet CAKE4KIDS

		Check if Schedule O contains a response or i	note to any line in this Part X			
		errediction of contains a responde of	ioto to any intermental area.	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		194,648.	1	362,424.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri			6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ϋ́	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	l I			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	1		11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		194,648.	16	362,424.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
Ø	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, su				
abi		controlled entity or family member of any of the			22	
Ë	23	Secured mortgages and notes payable to uni		0.	23	123,330.
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	123,330.
		Organizations that follow FASB ASC 958, o				
ces		and complete lines 27, 28, 32, and 33.				
an	27			194,648.	27	239,094.
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC				
Ę		and complete lines 29 through 33.				
SO	29	Capital stock or trust principal, or current fun	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		194,648.	32	239,094.
_	33	Total liabilities and net assets/fund balances		194,648.	33	362,424.
	00	Total habilities and het assets/fully baldifices			JJ	302,12

Form **990** (2020)

Form 990 (2020) CAKE4KIDS 45-3148916 Page **12**

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	4,6	48.
5	Net unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23	9,0	94.
Par	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	.g.c / iddit	3a		Х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Total

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CAKE4KIDS 45-3148916 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	103,916.	105,071.	274,940.	415,629.	535,215.	1,434,771.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	103,916.	105,071.	274,940.	415,629.	535,215.	1,434,771.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						1,434,771.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	103,916.	105,071.	274,940.	415,629.	535,215.	1,434,771.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					24.	24.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,434,795.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11,	column (f))			100.00 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				\ X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		>
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						<u> </u>
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1		1
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	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 activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u> ▶∟⊥
	ction C. Computation of Publi					l I	
	Public support percentage for 2020 (li					15	%
	Public support percentage from 2019					16	<u>%</u>
<u>Se</u>	ction D. Computation of Inves					T .= I	
17						17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box an						▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	44		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		,
	6		
	_		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	0-F7	2020

Par	Part IV Supporting Organizations (continued)			
	(Community		Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1	11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described in line 11a above?	11b		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 1	11c, provide		
	detail in Part VI.	11c		
Sec	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or n	nembership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations have the power to regularly appoint or elect at least a majority of the common supported organizations.			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the	<u> </u>		
2	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 open	erated,		
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
			Yes	No
1	, , , , , , , , , , , , , , , , , , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how or			
	or management of the supporting organization was vested in the same persons that controlled or man	-		
800	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations		1	·
	4 8:11	£11	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided durin			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copy			
•	organization's governing documents in effect on the date of notification, to the extent not previously			
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in P			
2	the organization maintained a close and continuous working relationship with the supported organization.			
3				
	significant voice in the organization's investment policies and in directing the use of the organization income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1		he veaksee instructions)		
' a		re yea(see man denoms).		
b				
c		overnmental entity (see instruction	ns).	
2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
а		poses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI ide			
	those supported organizations and explain how these activities directly furthered their exempt purp			
	how the organization was responsive to those supported organizations, and how the organization det			
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in line 2a, above, constitute activities that, but for the organization's invo	lvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," e	xplain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors,	or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activi	ities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

ı aı	rt v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ed)	
Sect	ion D - Distributions			•	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive)		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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,
	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.)
	_
<u> </u>	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CAKE4KIDS 45-3148916

Organiza	ation type(check or	ne):
Filers of:	:	Section:
Form 990	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	D-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
	property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special I	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization	Employer identification number
CAKE4KIDS	45-3148916

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
4	Name, address, and Zir + +	\$ 9,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		\$ 6,300. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
		Person Payroll Noncash (Complete Part II for noncash contributions.)	

45-3148916

CAKE4KIDS

Name of organization Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization

CAKE4KIDS

45-3148916

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Part III if additional	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
lo. n t I	Use duplicate copies of Part III if additional (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of git	ft
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
•	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
). 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
+		(e) Transfer of git	ft
		.=	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization			Employer identification number				
CAKE4KI						45-3148	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual cart VII) or entity in connection with positions or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	ustody	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

45-3148916 Page 2 Schedule G (Form 990 or 990-EZ) 2020 CAKE4KIDS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CELEBRATION (add col. (a) through BENEFIT DINNCOVID APPEAL col. (c)) (event type) (event type) (total number) Revenue 16,104. 7,014. 134,643. 1 Gross receipts 111,525. 111,525. 16,104. 7,014. 134,643. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 685. 685. 6 Rent/facility costs 2,500. 2,500. 7 Food and beverages 8 Entertainment 7,124.7,240. 9 Other direct expenses 116. 10,425. 10 Direct expense summary. Add lines 4 through 9 in column (d) -10,425. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2020 CAKE4KIDS 4	5-3148	3916	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	_		
á	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
·	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	G (Form 990 or 990-EZ)	CAKE4KIDS		45-3148916	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		 	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CAKE4KID)S						Employer identification number $45-3148916$
Part I General Information on Grants							
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's 	ssistance?				•		etion Yes X No
Part II Grants and Other Assistance					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more that	=						· · · · · ·
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3			he line 1 table				<u> </u>
3 Enter total number of other organization	ons listed in the line	e 1 table					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES						BIRTHDAY CAKES FOR FOSTER KIDS
BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	BIRTHDAY CAKES	4509	0.	293,085.	FAIR MARKET VALUE	AND AT-RISK YOUTH
BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES						
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES TO VARIOUS AGENCIES OF AT-RISK YOUTH.						
BIRTHDAY CAKES BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	Port IV Complemental Information Describe the information of	uived in Deut I lin	a Or Down III. a alivirana	(b), and any otherwa	deliki an al informacki an	
BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	Part IV Supplemental Information. Provide the information req	uired in Part I, iin	ie 2; Part III, column	(b); and any other a	aditional information.	
VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	BIRTHDAY CAKES					
VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES	BIRTHDAY CAKES ARE DONATED BY VOLU	NTEER BA	KERS (4 50	9 CAKES AT	A GROSS	
	DINIIDII CIMID IMI DOMILID DI VOLO	14111111 111	111110 (4,50	<u> </u>	11 GRODD	
TO VARIOUS AGENCIES OF AT-RISK YOUTH.	VALUE OF $$65$ PER CAKE = $$293,085$).	CAKE4KI	DS THEN DO	NATES THES	E CAKES	
	TO VARIOUS AGENCIES OF AT-RISK YOU	TH.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

CAKE4KIDS

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

Name of the organization

Employer identification number 45-3148916

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			s
1	Art - Works of art		itomo contributou	r omi ooo, r are viii, iiio rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	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							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	4,509	293,085.	FAIR MARKET	VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	jement 29				
					1		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		al contribution, and	d which isn't required to be u	sed for			37
	exempt purposes for the entire holding period?	·				30a		<u> </u>
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		<u> </u>
32a	Does the organization hire or use third parties of		•			.		v
	contributions?					32a		<u> </u>
	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,							
33	-	oiumn (c) fo	r a type of propert	y for which column (a) is che	ckea,			
	describe in Part II.							

Supplemental Information. 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.
SCHEDULE M, LINE 32B:
BIRTHDAY CAKES ARE DONATED BY VOLUNTEER BAKERS (4,509 CAKES AT A GROSS
VALUE OF \$65 PER CAKE = \$293,085). CAKE4KIDS THEN DONATES THESE CAKES
TO VARIOUS AGENCIES OF AT-RISK YOUTH.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CAKE4KIDS

Employer identification number 45-3148916

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BIRTHDAY CAKE. CAKE4KIDS WAS FOUNDED TO HELP FOSTER KIDS AND AT-RISK
YOUTH FEEL SPECIAL AT LEAST ONE DAY PER YEAR, TO RAISE SELF-ESTEEM AND
TO INCREASE THEIR CHANCE OF SUCCESS IN SCHOOL AND LIFE KNOWING THAT
PEOPLE CARE FOR THEM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOL AND LIFE KNOWING THAT PEOPLE CARE FOR THEM.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE TAX RETURN PRIOR TO
FILING
FORM 990, PART VI, SECTION C, LINE 19:
A PUBLIC DISCLOSURE COPY OF THE ORGANIZATION'S BYLAWS AND POLICIES ARE
AVAILABLE UPON REQUEST.