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|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Form 990-EZ</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Short Form</b><br><b>Return of Organization Exempt From Income Tax</b><br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)                                   | OMB No. 1545-1150                               |
|                                                                                  | <p>▶ Do not enter social security numbers on this form as it may be made public.</p> <p>▶ Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</p> | <b>2017</b><br><b>Open to Public Inspection</b> |

Statute clear  
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SCANNED JUN 30 2022

|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| A For the 2017 calendar year, or tax year beginning                                                                                                                                                                                                                                                 |  | , 2017, and ending                                                                                                                                                                                                                                                                                                  |  | , 20                                                                                                               |  |
| B Check if applicable.<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending |  | C Name of organization<br>GRANDPARENTS RAISING GRANDCHILDREN INFORMATION CENTER OF LA<br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>POST OFFICE BOX 45275 74267<br>City or town, state or province, country, and ZIP or foreign postal code<br>BATON ROUGE, LA 70807 |  | D Employer identification number<br>42-1589914<br>E Telephone number<br>(225) 362-2662<br>F Group Exemption Number |  |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____                                                                                                                                                                                |  | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                                                                                                 |  |                                                                                                                    |  |
| I Website: <u>N/A</u>                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |
| J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                            |  |                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 17,401                                                         |  |                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |  |

| Part I |  | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) |
|--------|--|-------------------------------------------------------------------------------------------------|
|--------|--|-------------------------------------------------------------------------------------------------|

Check if the organization used Schedule O to respond to any question in this Part 1 ☒

| Revenue |                                                                                                                                                                                                            | Expenses |                                                                 | Net Assets |                                                                                                                                                  |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | Contributions, gifts, revenue, grants, and similar amounts received                                                                                                                                        | 10       | Grants and similar amounts paid (list in Schedule O)            | 18         | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  |
| 2       | Program service revenue including government fees and contracts                                                                                                                                            | 11       | Benefits paid to or for members                                 | 19         | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3       | Membership dues and assessments                                                                                                                                                                            | 12       | Salaries, other compensation, and employee benefits             | 20         | Other changes in net assets or fund balances (explain in Schedule O)                                                                             |
| 4       | Investment income                                                                                                                                                                                          | 13       | Professional fees and other payments to independent contractors | 21         | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          |
| 5a      | Gross amount from sale of assets other than inventory                                                                                                                                                      | 14       | Occupancy, rent, utilities, and maintenance                     |            |                                                                                                                                                  |
| 5b      | Less: cost or other basis and sales expenses                                                                                                                                                               | 15       | Printing, publications, postage, and shipping                   |            |                                                                                                                                                  |
| 5c      | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | 16       | Other expenses (describe in Schedule O)                         |            |                                                                                                                                                  |
| 6       | Gaming and fundraising events                                                                                                                                                                              | 17       | Total expenses. Add lines 10 through 16                         |            |                                                                                                                                                  |
| 6a      | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      |          |                                                                 |            |                                                                                                                                                  |
| 6b      | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |          |                                                                 |            |                                                                                                                                                  |
| 6c      | Less: direct expenses from gaming and fundraising events                                                                                                                                                   |          |                                                                 |            |                                                                                                                                                  |
| 6d      | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         |          |                                                                 |            |                                                                                                                                                  |
| 7a      | Gross sales of inventory, less returns and allowances                                                                                                                                                      |          |                                                                 |            |                                                                                                                                                  |
| 7b      | Less: cost of goods sold                                                                                                                                                                                   |          |                                                                 |            |                                                                                                                                                  |
| 7c      | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             |          |                                                                 |            |                                                                                                                                                  |
| 8       | Other revenue (describe in Schedule O)                                                                                                                                                                     |          |                                                                 |            |                                                                                                                                                  |
| 9       | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                                                                                                                                     |          |                                                                 |            |                                                                                                                                                  |
|         |                                                                                                                                                                                                            |          |                                                                 |            |                                                                                                                                                  |

For Paperwork Reduction Act Notice, see the separate instructions. **BAA**

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**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

|                                                                                | (A) Beginning of year |    | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments                                              | 29,648.               | 22 | 29,934.         |
| 23 Land and buildings                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets                                                                | 29,648.               | 25 | 29,934.         |
| 26 Total liabilities (describe in Schedule O)                                  |                       | 26 |                 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 29,648.               | 27 | 29,934.         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? See Part III Stmt

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|    |                                                                                             |     |         |
|----|---------------------------------------------------------------------------------------------|-----|---------|
| 28 | CIF GRANTS                                                                                  |     |         |
|    | (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 50,000. |
| 29 |                                                                                             |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>    | 29a |         |
| 30 |                                                                                             |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>    | 30a |         |
| 31 | Other program services (describe in Schedule O)                                             |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>    | 31a |         |
| 32 | Total program service expenses (add lines 28a through 31a)                                  | 32  | 50,000. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and title   | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| DANNA SPAYE          |                                                |                                                                            |                                                                                         |                                            |
| PRESIDENT CO FOUNDER | 3.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| KATHY COLEMAN        |                                                |                                                                            |                                                                                         |                                            |
| SECRETARY            | 4.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| GISELE HARALSON      |                                                |                                                                            |                                                                                         |                                            |
| BOARD MEMBER         | 0.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| ROSE DOOLITTLE       |                                                |                                                                            |                                                                                         |                                            |
| BOARD MEMBER         | 0.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| DARLENE WOODS        |                                                |                                                                            |                                                                                         |                                            |
| BOARD MEMBER         | 0.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| RITA HATHORNE        |                                                |                                                                            |                                                                                         |                                            |
| BOARD MEMBER         | 0.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
| GERRIE ALLEN BAKER   |                                                |                                                                            |                                                                                         |                                            |
| BOARD MEMBER         | 0.00                                           | 0.                                                                         | 0.                                                                                      | 0.                                         |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |
|                      |                                                |                                                                            |                                                                                         |                                            |

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**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O                                                                                                                                                                                                                                                                   |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                                                                                                                                            |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                 |     | X  |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-1 for the year? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                       |     | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N                                                                                                                                                                                                                                                     |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions                                                                                                                                                                                                                                                                                                                                         | 37a |    |
| <b>b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                                                                                                                 | 37b | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                                                                                                                                         | 38a | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved                                                                                                                                                                                                                                                                                                                                                             | 38b |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9                                                                                                                                                                                                                                                                                                                                                                           | 39a |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities                                                                                                                                                                                                                                                                                                                                                                  | 39b |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955                                                                                                                                                                                                                                                                                     |     |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                                                                                    | 40b | X  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958                                                                                                                                                                                                                                           |     |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization                                                                                                                                                                                                                                                                                                             |     |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T                                                                                                                                                                                                                                                                               | 40e | X  |
| <b>41</b> List the states with which a copy of this return is filed                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>42a</b> The organization's books are in care of GRANDPARENTS RAISING CHILDREN Telephone no. (225) 555-5555<br>Located at POST OFFICE BOX 14267, BATON ROUGE LA ZIP + 4 14267                                                                                                                                                                                                                                                                 |     |    |
| <b>b</b> 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)?<br>If "Yes," enter the name of the foreign country:<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States?<br>If "Yes," enter the name of the foreign country:                                                                                                                                                                                                                                                                           | 42c | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year                                                                                                                                                                                                                                                 | 43  |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                                   | 44a | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ                                                                                                                                                                                                                                                                                              | 44b | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                                                                                                                                                                                                                 | 44c | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report those payments? If "No," provide an explanation in Schedule O                                                                                                                                                                                                                                                                                                    | 44d |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                              | 45a | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)                                                                                                                                                                                     | 45b | X  |

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- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

|     | Yes | No |
|-----|-----|----|
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     | X  |

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

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| 0                                   |                                                |                                                   |                                                                                         |                                            |
| 0                                   | 0.00                                           | 0.                                                | 0.                                                                                      | 0.                                         |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| none                                                         |                     |                  |
| 0                                                            | 0                   | 0.               |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

|           |                                    |      |
|-----------|------------------------------------|------|
| Sign Here | Signature of officer               | Date |
|           | KATHY COLEMAN, SECRETARY-TREASURER |      |
|           | Type or print name and title       |      |

|                                                                                                                                                     |                                                               |                          |            |                                                            |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------|------------|------------------------------------------------------------|-------------|
| Paid Preparer Use Only                                                                                                                              | Print/Type preparer's name                                    | Preparer's signature     | Date       | Check <input checked="" type="checkbox"/> if self-employed | PTIN        |
|                                                                                                                                                     | A. E. DIAS EA                                                 | A. E. DIAS EA            | 03/11/2021 |                                                            | 438-42-2259 |
|                                                                                                                                                     | Firm's name ▶ ALVIN DIAS, EA                                  | Firm's EIN ▶ 43-9422258  |            |                                                            |             |
|                                                                                                                                                     | Firm's address ▶ 10522 OLD HAMMOND HWY, BATON ROUGE, LA 70816 | Phone no. (725) 928-1040 |            |                                                            |             |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                               |                          |            |                                                            |             |

REV 03/08/19 PRO

Form 990-EZ (2017)

**SCHEDULE A**  
**(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

GRANDPARENTS RAISING GRANDCHILDREN INFORMATION CENTER OF LA

Employer identification number

42-1589914

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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).**
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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.
- a ☐ **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.**
- 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.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
| (A)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (B)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (C)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (D)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| (E)                                |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

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Schedule A (Form 990 or 990-EZ) 2017  
REV 03/08/19 PRO

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Schedule A (Form 990 or 990-EZ) 2017

Page **3****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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                               | 24,470.  | 15,555.  | 16,268.  | 23,755.  | 25,412.  | 105,460.  |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                     |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . .                                                                  |          |          |          |          |          |           |
| 6 <b>Total.</b> Add lines 1 through 5. . . .                                                                                                                                       | 24,470.  | 15,555.  | 16,268.  | 23,755.  | 25,412.  | 105,460.  |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . .                                                                                                                                                      |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . .                                                                                                                   |          |          |          |          |          | 105,460.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . .                                                                                                                                                                                                   | 24,470.  | 15,555.  | 16,268.  | 23,755.  | 25,412.  | 105,460.  |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .                                                                                     | 0.       | 0.       | 0.       |          |          | 0.        |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .                                                                                                               |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . .                                                                                                                                                                                                 | 0.       | 0.       | 0.       |          |          | 0.        |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .                                                                                          |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .                                                                                                                      |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .                                                                                                                                                                | 24,470.  | 15,555.  | 16,268.  | 23,755.  | 25,412.  | 105,460.  |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                   |    |       |
|---------------------------------------------------------------------------------------------------|----|-------|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . . | 15 | 100 % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 . . . .                      | 16 | 100 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                       |    |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . .                                                                                                                                                                                                                | 17 | 0 % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 . . . .                                                                                                                                                                                                                                       | 18 | 0 % |
| 19a <b>33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input checked="" type="checkbox"/> |    |     |
| b <b>33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>    |    |     |
| 20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>                                                                                                                                                   |    |     |

Schedule A (Form 990 or 990-EZ) 2017

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                 |     | X  |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)                                                                                                                                                                                                                                               |     | X  |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below                                                                                                                                                                                                                                                                                                                                                                                                |     | X  |
| 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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                            |     | X  |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                     |     | X  |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                |     | X  |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                         |     | X  |
| 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 <b>Part VI</b> 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.                                                                                                                                                                            |     | X  |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     | X  |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                   |     | X  |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                          |     | X  |
| 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 <b>Part VI</b> .                                                          |     | X  |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).                                                                                                                                                                                               |     | X  |
| 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).                                                                                                                                                                                                                                                                                                                                                      |     | X  |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                      |     | X  |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                          |     | X  |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                               |     | X  |
| 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 10b below.                                                                                                                                                                                                                                                           |     | X  |
| 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.)                                                                                                                                                                                                                                                                                                                                                           |     | X  |

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017

**Part IV Supporting Organizations (continued)**

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11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

|     | Yes | No |
|-----|-----|----|
| 11a |     | X  |
| 11b |     | X  |
| 11c |     | X  |

**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|   | Yes | No |
|---|-----|----|
| 1 |     | X  |
| 2 |     | X  |

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

|   | Yes | No |
|---|-----|----|
| 1 | X   |    |

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

|   | Yes | No |
|---|-----|----|
| 1 | X   |    |
| 2 | X   |    |
| 3 |     | X  |

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

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? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Name of the organization

GRANDPARENTS RAISING GRANDCHILDREN INFORMATION CENTER OF LA

Employer identification number

42-1589914

Pt I, Line 16:

Description: CONFERNCES EXPENSES \$12,452

Description: SPECIAL EVENTS \$1,652

Description: SUPPORT GROUPS \$486

Description: LEGAL FEES \$2,250

Description: SECRETARY OF STATE \$25

Description: ACCOUNTING \$250