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)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

								•		
<u>A</u> F	or th	e 2021	l calendar year, or tax year beginning	and end	ing					
B	book if	applicable:	C Name of organization			D Employer ide	ntificat	ion number		
	_		GOOD PLUS FOUNDATION, INC.							
	Addr chan		Doing business as			31-1777	7082			
	Nam	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te	E Telephone nu	mber			
	Initia	il return	306 W. 37TH STREET, 8TH FLOOR			(212)736-1777				
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code							
		nded	NEW YORK, NY 10018			G Gross receipts	s \$	15,911,932.		
		ication	F Name and address of principal officer: KATHERINE E. SNID	H(a) Is this a grou		for Yes X No				
		ing	306 W. 37TH STREET, 8TH FLOOR, NEW YORK, N	VY 10018		subordinates H(b) Are all subord				
ī	Tax-ex	kempt st			527	lf "No," a	ttach a li	st. See instructions		
J	Webs	ite: 🕨			-	H(c) Group exem	ption nu	mber		
		-	nization: X Corporation Trust Association Other ►	L Yea	ar of format	ion: 2001 M				
	art I		ummary	1 - 10				<u></u>		
			y describe the organization's mission or most significant activities: SE	F SCHEDII	F O					
e	·	Brien								
Governance										
ŝrnŝ	2	Chool	k this box k this box is the organization discontinued its operations or dis	paged of more	than 25%	of its not spect				
Š	3						3	1 7		
∞ ∞	-		per of voting members of the governing body (Part VI, line 1a)					17		
es	4		ber of independent voting members of the governing body (Part VI, line 1				4	17		
viti	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5	24		
Activities	6		number of volunteers (estimate if necessary)				6	1,015		
4			unrelated business revenue from Part VIII, column (C), line 12				7a	NONE		
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>			7b	NONE		
	_			PUBLIC	ר	Prior Year	_	Current Year		
e	8	Contr	ibutions and grants (Part VIII, line 1h)	SCLOSURE		13,809,89		13,741,663.		
/eni	9	Progr	am service revenue (Part VIII, line 2g)	COPY			ONE	NONE		
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)			42,03		102,391.		
-	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		•		ONE	NONE		
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	12)	-	13,851,90	0.	13,844,054.		
	13	Grant	ts and similar amounts paid (Part IX, column (A), lines 1-3)		•	11,492,79	93.	10,769,834.		
	14	Benef	fits paid to or for members (Part IX, column (A), line 4)			N	ONE	NONE		
SS	15	Salari	ies, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	1,674,37	77.	1,891,362.			
sus	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)	-	N	ONE	NONE			
Expenses	b	Total	fundraising expenses (Part IX, column (D), line 25) 593, 6	70.						
ш	17	Other	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,184,98	35.	1,087,801.				
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			14,352,15	55.	13,748,997.		
	19	Rever	nue less expenses. Subtract line 18 from line 12			-500,25	55.	95,057.		
Net Assets or Fund Balances					Begin	ning of Current	/ear	End of Year		
sets	20	Total	assets (Part X, line 16)			6,179,21	L4.	6,013,741.		
Asse	21	Total	liabilities (Part X, line 26)			512,22	29.	207,390.		
Luet	22	Net a	ssets or fund balances. Subtract line 21 from line 20			5,666,98	35.	5,806,351.		
	rt II	Si	gnature Block							
Une	der pe	nalties of	of perjury, I declare that I have examined this return, including accompanying so	chedules and sta	atements, a	and to the best of	f my kr	nowledge and belief, it is		
true	e, corr	ect, and	complete. Declaration of preparer (other than officer) is based on all information o	of which prepare	r has any ki	nowledge.				
						08/2	23/2	022		
Sig		7 3	Signature of officer			Date				
He	re		KATHERINE E. SNIDER	CEO						
			Type or print name and title							
		Print/	/Type preparer's name Preparer's signature	Date		Check	if P	TIN		
Paic	ł	MAR	Y JANE PIERONI Mary Jane Ring	0.8 /	23/20			00538772		
	parer	Firm's	s name > BDO USA, LLP		, _ 0	Firm's EIN	-	-5381590		
Use	Only		s address ► 101 S. HANLEY RD STE 800 ST LOUIS, N	MO 63105		Phone no.		4-889-1100		
Mar	/ the		Iliscuss this return with the preparer shown above? See instruction			i none no.	51			
<u> </u>			Reduction Act Notice, see the separate instructions.					X Yes No Form 990 (2021)		
1 01	1 ape		readent Aut House, see the separate instituctions.					1 0ini JJU (2021)		
JSA										

GOOD PLUS	FOUNDATION,	INC.
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For	rm 990 (2021)					Page 2
Ρ	art III Statement of Pro					
1			esponse or note to any lin	e in this Part III		хХ
1	SEE SCHEDULE O	2010113 111331011.				
2	Did the organization under					Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new	w sorvices on Scl		•••••	•••••	Yes X No
3	Did the organization cea			anges in how it cond	ucts, any program	
•	services?					Yes X No
	If "Yes," describe these cha	anges on Schedu	le O.			
4	Describe the organization					
	expenses. Section 501(c)(the total expenses, and rev				int of grants and allocat	ions to others,
		·····, ···, ····, ····				
4a	(Code:) (Expe	enses \$ 4,02	0,095. including grants of	of\$ 3,306,000.)(I	Revenue \$	NONE)
	SEE SCHEDULE O					
	(Code)	(in altradiant anna ata a	. <u>τ</u> φ) //		
40	(Code:) (Expense) (Expense) (Expense)	enses \$ 4,36	2,586. Including grants of) () 3,750,917.)()	<pre>kevenue \$</pre>	NONE)
	SEE SCHEDULE O					
4c	: (Code:) (Expe	enses \$ 1,28	7,850. including grants of	of \$) (I	Revenue \$	NONE)
	SEE SCHEDULE O					
44	I Other program services (D	escribe on Scher	lule Q.)			
Ψu			nts of \$ 2,612,084.) (Revenue \$	NONE)	
4e	• Total program service expe		12,621,195.	· · · · · ·	,, ,	
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Part	V Checklist of Required Schedules		No.	N
-			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	<u> </u>
	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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	Х	
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		Х
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
10.4	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	L
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Part	V 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		X
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 Schedule J.	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		
20				
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		v
h		20a 28b		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	280		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		37
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
• •	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t 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 2a 24								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х					
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 Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c							
Ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
D		6b							
7	gifts were not tax deductible?								
	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х						
	and services provided to the payor?	7a 7b	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70	~						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v					
	required to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
	Section 501(c)(7) organizations. Enter:								
	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								
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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 organization is licensed to issue qualified health plans								
	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
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Part	VI Gov	ernance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
		onse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Cheo	ck if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Gov	verning Body and Management			
				Yes	No
1a	Enter the n	umber of voting members of the governing body at the end of the tax year 1a 17			
	If there are	e material differences in voting rights among members of the governing body, or			
		erning body delegated broad authority to an executive committee or similar explain on Schedule O.			
b		umber of voting members included on line 1a, above, who are independent			
2		ficer, director, trustee, or key employee have a family relationship or a business relationship with			
		fficer, director, trustee, or key employee?	2		X
3	•	ganization delegate control over management duties customarily performed by or under the direct			
		of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	-	nization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the org	anization become aware during the year of a significant diversion of the organization's assets?	5		X
6		anization have members or stockholders?	6	Х	
7a	Did the or	ganization have members, stockholders, or other persons who had the power to elect or appoint			
		e members of the governing body?	7a	Х	
b	Are any o	povernance decisions of the organization reserved to (or subject to approval by) members,			
		rs, or persons other than the governing body?	7b		X
8	Did the or	ganization contemporaneously document the meetings held or written actions undertaken during			
		the following:			
а	The govern	ning body?	8a	Х	
b		nittee with authority to act on behalf of the governing body?	8b	Х	
9	Is there an	y officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ation's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Polic	cies (This Section B requests information about policies not required by the Internal Revenue	Code	/	
				Yes	No
10a	Did the org	anization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," die	d the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, ar	nd branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the orga	nization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	L
b	Describe o	n Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the org	anization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were office	ers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conf	licts?	12b	Х	<u> </u>
С	Did the or	ganization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		Schedule O how this was done	12c	Х	<u> </u>
13	-	anization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the org	anization have a written document retention and destruction policy?	14	Х	<u> </u>
15		ocess for determining compensation of the following persons include a review and approval by			
		nt persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organized	zation's CEO, Executive Director, or top management official	15a	X	<u> </u>
b		ers or key employees of the organization	15b	Х	<u> </u>
		line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		ble entity during the year?	16a		X
b		d the organization follow a written policy or procedure requiring the organization to evaluate its			
		n in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
Casti		n's exempt status with respect to such arrangements?	16b		
	on C. Disc				
17		tes with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O			
18	(3)s only) a	04 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 vailable for public inspection. Indicate how you made these available. Check all that apply.	(sec	tion 5	,01(c)
	X Own	website X Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe o	n Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
		al statements available to the public during the tax year.			
20		ame, address, and telephone number of the person who possesses the organization's books and record ANIZATION 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018	s 🕨		
JSA	212-736-		Form	990	(2021)
1E1042	1.000			~	

31-1777082

Part VII	Compensation	ot	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	anc
	Independent Co	ontra	actors								

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 the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) KATHERINE E. SNIDER	50.00									
CHIEF EXECUTIVE OFFICER	NONE			x				267,488.	NONE	27,066.
(2) LAUREL P. WEST	50.00			21				207,400.	110111	27,000.
CHIEF PRGRM & OPERATIONS OFF.	NONE			x				163,767.	NONE	26,282.
(3) TIFFANY Y. LANGSTON	45.00									
CHIEF MARKETING OFFICER	NONE					x		155,845.	NONE	6,491.
(4) ABDULAI AIDOO	50.00									· · · · ·
DIRECTOR OF FINANCE & ADM	NONE	1		х				118,858.	NONE	10,381.
(5) JESSICA SEINFELD	25.00									
DIRECTOR, FOUNDER & CHAIR	NONE	Х		Х				NONE	NONE	NONE
(6) MICHAEL TIEDMANN	2.00									
DIR., TREASURER & VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE
(7) JENNIFER FRANKLIN	3.00									
DIRECTOR AND SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) EMMANUEL AIDOO	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) JENNIFER GARCIA ALLEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) VERONICA SWANSON BEARD	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) DANIELLE DEVINE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) STACEY BENDET EISNER	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) SARAH MICHELLE GELLAR	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) MARY KITCHEN	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form **990** (2021)

GOOD PLUS FOUNDATION, INC.

									1			
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles	Pos heck ss pe d a d	erson	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount o other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the janizatio d related anization	on d
5) JENNIFER KOEN	1.00	_										
IRECTOR	NONE	Х						NONE	NONE			NC
6) KARA MOORE	1.00											
DIRECTOR	NONE	Х						NONE	NONE			NC
7) MICHAEL NISSAN	3.00											
DIRECTOR	NONE	Х						NONE	NONE			NC
8) BARA TISCH	1.00											
DIRECTOR	NONE	Х						NONE	NONE			N
9) CONNIE VERDUCCI	2.00											
DIRECTOR	NONE	Х						NONE	NONE			N
0) ALI WENTWORTH	1.00											
DIRECTOR	NONE	Х						NONE	NONE			N
1) JASON WILLIAMS	1.00											
DIRECTOR	NONE	X						NONE	NONE			N
		_										
		_										
b Sub-total								705,958.	NONE		70,	2
c Total from continuation sheets to Part VII, S	ection A							NONE	NONE			N
d Total (add lines 1b and 1c)								705,958.	NONE		70,	2
Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bove	e) who 4	o re	ceived more than	\$100,000 of			
											Yes	1
Did the organization list any former offic										2		
employee on line 1a? If "Yes," complete Sched										3		
For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	r If	"Yes	s," (complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	uni	related organizatio	on or individual	5		
Section B. Independent Contractors												
								hat received more	then \$400.000 of			

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

Pa	t VII						<u> </u>
		Check if Schedule O contains a response	se or note to ar				<u></u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ice Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$		13,741,663.			
Program Service Revenue	b c d e f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3 4 5	Investment income (including dividends, other similar amounts). Income from investment of tax-exempt bond Royalties	proceeds	58,925. NONE NONE			58,925.
	6a b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory 7a	(ii) Other	NONE			
Sevenue	b c	Less: cost or other basis and sales expenses					
Other Rev	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$618,164. of contributions reported on line 1c). See Part IV, line 188a	▶	43,466.			43,466.
	b c 9a	Less: direct expenses	219,322.				
	b	activities. See Part IV, line 19 9a Less: direct expenses 9b	NONE				
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	NONE				
S	b C	Less: cost of goods sold		NONE			
Miscellaneous Revenue	11a b						
Misce Rev	c d e	All other revenue		NONE			
184	12	Total revenue. See instructions		13,844,054.			102,391.
JSA	1 1 000						Form 990 (2021)

GOOD PLUS FOUNDATION, INC.

Form 990 (2021)

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Page **9**

Part IX Statement of Functional Expenses

Dn	Check if Schedule O contains a responder the contains a responder to the contains a responder to the contains and the contains a response to the contains a	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	10,769,834.	10,769,834.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	C12 0.40	222 122	105 116	150 500
	trustees, and key employees	613,842.	330,198.	125,116.	158,528
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NOTE			
_	persons described in section 4958(c)(3)(B)	NONE		007 015	062 105
	Other salaries and wages	1,017,553.	546,553.	207,815.	263,185
8	Pension plan accruals and contributions (include	NONE			
_	section 401(k) and 403(b) employer contributions)	124,185.	67,656.	24,876.	31,653
	Other employee benefits	135,782.	73,974.	27,199.	31,653
0	Payroll taxes	135,702.	/3,9/4.	27,199.	34,005
	Fees for services (nonemployees):	NONE			
	Management	7,961.	456.	4,786.	2,719
		54,675.	3,135.	32,866.	18,674
	Accounting	NONE	5,155.	52,000.	10,07
	I Lobbying	NONE			
	Finessional fundraising services. See Part IV, line 17	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	nond			
9	(A), amount, list line 11g expenses on Schedule O.)	128,252.	7,353.	77,095.	43,804
12	Advertising and promotion	12,151.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12,151
13	Office expenses	126,879.	89,314.	19,880.	17,685
14	Information technology	253.	15.	152.	86
15	Royalties	NONE			
16	Occupancy	346,429.	336,091.	4,746.	5,592
17	Travel	NONE	·		· · · · · ·
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	16,499.	7,411.	6,641.	2,447
23	Insurance	31,472.	29,314.	913.	1,245
24	Other expenses. Itemize expenses not covered				
	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 O.)				
а	PROGRAM SUPPLIES	287,777.	287,777.		
b	DELIVERY	55,169.	55,169.		
C	REPAIRS AND MAINTENANCE	17,236.	16,770.	215.	251
d	RECRUITING EXPENSE	3,048.	175.	1,832.	1,041
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	13,748,997.	12,621,195.	534,132.	593,670
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 b if				

following SOP 98-2 (ASC 958-720)

GOOD PLUS FOUNDATION, INC.

Pane	1	1	
raue.			

	_	2021)			Page 11
Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,092,794.	1	1,514,386
	2	Savings and temporary cash investments.	1,024.	2	478,447
	3	Pledges and grants receivable, net	46,685.	3	20,000
	4	Accounts receivable, net	NONE	4	NON
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NON
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NON
ŝ	7	Notes and loans receivable, net	NONE		NON
٥.	8	Inventories for sale or use	1,335,541.	8	886,958
As	9	Prepaid expenses and deferred charges	24,055.	9	26,057
	-	Land, buildings, and equipment: cost or other	21/0001	Ŭ	207037
.	vu	basis. Complete Part VI of Schedule D 10a 103,438.			
	h	Less: accumulated depreciation	15,156.	100	21,864
1	1	Investments - publicly traded securities.	2,622,977.	11	3,021,635
	2	Investments - other securities. See Part IV, line 11			NON
	3	Investments - program-related. See Part IV, line 11.	NONE		NON
	4	Intangible assets	15,000.	14	10,000
	5	Other assets. See Part IV, line 11	25,982.	14	34,394
	6	Total assets. Add lines 1 through 15 (must equal line 33)	6,179,214.	16	6,013,741
	7	Accounts payable and accrued expenses	266,114.		207,390
			200,114. NONE		
	8	Grants payable	NONE		
	9	Deferred revenue			NON
2	0	Tax-exempt bond liabilities	NONE		NON
	2	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
	2	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	NONE		NON
Liabilities		controlled entity or family member of any of these persons	NONE		NON
2	3	Secured mortgages and notes payable to unrelated third parties	NONE		NON
2		Unsecured notes and loans payable to unrelated third parties	246,115.	24	NON
2	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0.5	
_			NONE		NON
	6	Total liabilities. Add lines 17 through 25	512,229.	26	207,390
ŝ		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	7		F (04 114	07	
	27	Net assets without donor restrictions	5,604,114.	27	5,757,472
<u>⊳</u> 2	8	Net assets with donor restrictions.	62,871.	28	48,879
Ē		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
۲.	0			00	
s 2	9 9	Capital stock or trust principal, or current funds		29	
SSE 3	0	Paid-in or capital surplus, or land, building, or equipment fund		30	
-	51 1	Retained earnings, endowment, accumulated income, or other funds	E 666 005	31	F 007 071
a 3	2	Total net assets or fund balances	5,666,985.	32	5,806,351
3	3	Total liabilities and net assets/fund balances	6,179,214.	33	6,013,741. Form 990 (2021)

JSA

	GOOD PLUS FOUNDATION, INC. 31-	17770	82			
Form 99	00 (2021)				P	age 12
Part	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		13,	844,	054
2	Total expenses (must equal Part IX, column (A), line 25)			13,	748,	997
3	Revenue less expenses. Subtract line 2 from line 1	3			95,	057
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,	666,	985
5	Net unrealized gains (losses) on investments	5			44,	309
6	Donated services and use of facilities					
7	Investment expenses	7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	•				
	32, column (B))	10		5,	806,	351
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other,	" explair	n on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant	t?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were	compile	d or			
	reviewed on a 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were a					
	separate basis, consolidated basis, or both:					
	X 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	oversig	ht of			
	the audit, review, or compilation of its financial statements and selection of an independent acco	•		2c	X	
	If the organization changed either its oversight process or selection process during the tax year					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth ir	n the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not	underac	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo suc	•		3b		

Form **990** (2021)

SCHE	DU	_E .	A
(Form	990)		

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public spection

Nam	e of t	he organization					Employer identi	fication number
GO	GOOD PLUS FOUNDATION, INC. 31-1777082							
Ра	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this p	art.) See instruction	S.
The	org	anization is not a private fou					,	
1		A church, convention of chu					70(b)(1)(A)(i).	
2		A school described in section			-			
3		A hospital or a cooperative						
4		A medical research organiz	-	conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the
_		hospital's name, city, and st					and all have a second second	
5		An organization operated f		a college or universit	y owne	a or ope	erated by a governm	ental unit described in
c		section 170(b)(1)(A)(iv). (C	• •	romantal unit describe	d in ees	ion 170/	····	
6 7		A federal, state, or local go An organization that norma	•					om the general public
1	X	described in section 170(b)	-	-	ipport in	oni a yo		oni the general public
8		A community trust describe			Part II)			
9		An agricultural research org					l in conjunction with a	a land-grant college
•		or university or a non-land-	-			-	-	
		university:	g		,			
10		An organization that norma	Ily receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, members	hip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	functions, subject to c	ertain ex	kceptions	s; and (2) no more tha	in 331/3 % of its
		acquired by the organizatio	n after June 30, 1	975. See section 509	(a)(2). (0	Complete	e Part III.)	I DUSIIIESSES
11		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a		•				• • •
		one or more publicly support	-					
	_	the box on lines 12a throug					-	-
а		Type I. A supporting orga	•	· · ·	•		• • • •	
		the supported organizatio				ajority of	f the directors or trust	ees of the
	Г	supporting organization.						ing(n) has been in a
b		Type II. A supporting org	-					
		control or management or organization(s). You must		-	the sam	e persor	is that control of ma	lage the supported
с	Γ	Type III functionally integ			ated in c	onnectio	n with and functions	ally integrated with
Ŭ		_ its supported organization		·				iny integrated with,
d		Type III non-functionally						rted organization(s)
		that is not functionally inte			-			- · ·
	_	_ requirement (see instruct			-			
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type	II, Type III
		functionally integrated, or			porting o	organizat	tion.	
f		ter the number of supported	•					•••••
g		ovide the following information						
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		-
(A)								
(D)								-
(B)								
(C)								
(D)								
(E)								
Tota	al							
For I	ape	work Reduction Act Notice, see the	e Instructions for Form	990 or 990-EZ.			, ,	Schedule A (Form 990) 2021

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Page 2

Schedule A (Form 990) 2021

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,955,516.	10,137,096.	10,138,930.	13,809,890.	13,741,663.	57,783,095.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	9,955,516.	10,137,096.	10,138,930.	13,809,890.	13,741,663.	57,783,095.
-	shown on line 11, column (f) SEE SUPP PAG]					5,978,686.
6	Public support. Subtract line 5 from line 4						51,804,409.
	tion B. Total Support				(
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,955,516. 115,981.	10,137,096. 91,343.	10,138,930.	13,809,890. 75,912.	13,741,663.	57,783,095.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						58,292,566.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	the organizatio	on's first, second	l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f), divided by line	e 11, column (f))		14	88.87 %
15	Public support percentage from 2020					15	91.66 %
	331/3% support test - 2021. If the org box and stop here. The organization qu	ualifies as a pub	licly supported	organization.			► X
	331/3% support test - 2020. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		▶∟
	 10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization meets organization 	meets the facts-and-content of the facts-and-content of the orgonation meets the facts-and	cts-and-circumst ircumstances te ganization did n e facts-and-circ -circumstances t	ances test, che st. The organiz ot check a box umstances test, est. The organi	eck this box ar zation qualifies on line 13, 16 , check this boy ization qualifies	ad stop here. E as a publicly s a, 16b, or 17a, and stop here as a publicly s	xplain in upported and line Explain upported
18	Private foundation. If the organizatio instructions	n did not chec	k a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this box	and see

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
5	unrelated trade or business under section 513 .							
4	Tax revenues levied for the							
4								
	organization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
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							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6							
	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from similar sources							
h	Unrelated business taxable income (less							
D	```							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
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	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
	organization, check this box and stop here							
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2021 (line 8	, column (f), divid	ed by line 13, colu	mn (f))		15	%	
16	Public support percentage from 2020 Sche					16	%	
Sec	tion D. Computation of Investmen							
17	Investment income percentage for 2021 (lin			13. column (f))		17	%	
18	Investment income percentage for 2021 (in					18	%	
	331/3% support tests - 2021. If the or							
198		-						
	17 is not more than 331/3%, check this	-	•	•		••••••		
b	331/3% support tests - 2020. If the org							
	line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20								
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(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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.*
- **10 a** 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

31-1777082

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Schedule A (Form 990) 2021

Part	V Supporting Organizations (continued)			
			Yes	Nc
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

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Page 5

1

2

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

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 instru	ictions	s).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstructi	ions).
			es	No
2	Activities Test. Answer lines 2a and 2b below.			

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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.
- **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.

2a

2b

3a

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Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from							
	Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, <i>explain in Part VI.</i> See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
•	and 4c. Breakdown of line 7:							
8								
 	Excess from 2017 Excess from 2018							
b	Excess from 2018							
 d	Excess from 2020							
	Excess from 2020							
e	LAUGOO 110111 2021							

Schedule A (Form 990) 2021

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

GOOD PLUS FOUNDATION,	INC.	31-1777082
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

ame of c	rganization GOOD PLUS FOUNDATION, INC.		Employer identification number 31-1777082
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,533,201.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,078,035.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$788,629.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$707,255.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$706,754.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 487,817.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Page 2

Name of org	anization GOOD PLUS FOUNDATION, INC.		Employer identification number 31-1777082
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$345,826.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>		\$316,156.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)	
Name of organization	

mployer identification number 31-1777082 ace is needed.
ace is needed.
nate) (d) Date received
,201. 12/31/2021
nate) (d) ns.) Date received
,035. 12/31/2021
nate) (d) ns.) Date received
,629. 12/31/2021
nate) (d) ns.) Date received
,255. 12/31/2021
nate) (d) ns.) Date received
,754. 12/31/2021
nate) (d) ns.) Date received
,817. 12/31/2021

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	(Form 990) (2021)		Page 3
Name of o	-		entification number 1777082
Part II	GOOD PLUS FOUNDATION, INC. Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEN'S CLOTHING		
		\$345,826.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	CHILDREN'S SOCKS		
		\$316,156	12/31/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	· ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
			1

Schedule B (Form 990) (2021)

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SCHEE	DULE D	
(Form	990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

20 21

OMB No. 1545-0047

Name of the organization Employer disentification number 0000 PLUS FOUNDATION, INC. 31-1777082 2011 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered Yes' on Form 990, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of grants from (during year) (c) Donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of onor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor of advisor, or for any other purpose conferring impermissible probases and not for the benefit of the donor or advisor, or for any other purpose conferring impermissible probases and not for the benefit of the donor or advisor in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or advisor in		artment of the Treasury	Go to www.irs.gov	Attach to Form 990. Form990 for instructions and	the latest inform	nation	Inspection
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falles fan en service and falle handerstade. En EAOD AOO AFA i bit in the state	2	•				assets for financia	al gain, provide the
following amounts required to be reported under FASB ASC 958 relating to these items:	-	-		-		► ↑	
a Revenue included on Form 990, Part VIII, line 1							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
JSA							
1E1268 1.000)						
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Schedule D (Form 990) 2021

Scheo	lule D (Form 990) 2021 GOOI	D PLUS FOUNDA	TION, INC.		31-1	777082	Page 2
Ра	rt III Organizations Maintainir			easures, or Other)
3	Using the organization's acquisition collection items (check all that apply		other records, chec	k any of the follow	ving that make sigr	nificant use	e of its
2	Public exhibition	y).	d 🗌 Loan	or exchange progra	m		
a k							
b	Scholarly research		e Other				
с 4	Preservation for future generation Provide a description of the organ		s and explain how	they further the or	ganization's exemp	t purpose	in Part
	XIII.		•	,			
5	During the year, did the organization	n solicit or receive	donations of art. his	orical treasures. or	other similar		
	assets to be sold to raise funds rath					Yes	No
Pa	rt IV Escrow and Custodial Ar			- 3			
	Complete if the organizat	•	es" on Form 990. I	Part IV. line 9. or i	eported an amour	nt on Form	n
	990, Part X, line 21.		,-				
1a	Is the organization an agent, trust	ee custodian or o	other intermediary f	or contributions or	other assets not		
	included on Form 990, Part X?		-		_	Yes	No
b	If "Yes," explain the arrangement in						
	in roo, oxplain the arrangement in		piere ale reneming ta		Amount		
с	Beginning balance			1c	74110411		
ь Ч	Additions during the year						
ŭ	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amo				account liability?	Yes	No
	If "Yes," explain the arrangement in						
	rt V Endowment Funds.			rias been provided			
Га	Complete if the organization	tion answered "Ye	es" on Form 990	Part IV line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ars hack
	_ <i>,</i>	(a) ourient year					
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of	of the current year		, column (a)) held as	S:		
a	Board designated or quasi-endowm		_%				
b	Permanent endowment						
С	· · · · · · · · · · · · · · · · · · ·	%	4000/				
•	The percentages on lines 2a, 2b, and	-			a la transfer a tha		
3a	Are there endowment funds not in t	ne possession of t	ne organization that	are neid and admi	nistered for the	Ye	s No
	organization by:						5 110
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations					3a(ii)	
_	If "Yes" on line 3a(ii), are the relate	•				3b	
4	Describe in Part XIII the intended us		ation's endowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ipment. ition answered "Y	es" on Form 990.	Part IV. line 11a.	See Form 990, Pa	rt X. line	10.
	Description of property	(a) Cost o	r other basis (b) Cost	or other basis (c) Ac	cumulated (d) Book value	
			stment) (o	other) dep	reciation		
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment.			103,438.	81,574.	21	,864.
	Other						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part X, colum	n (B), líne 10c.)	<u> ► </u>	21	,864.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.		Dert IV/ line 11h See Form 000	Part X Jine 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E)				
(G)				
(C) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year marke	
(1)				
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990, I	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	imp (b) must squal Form 000. Part V and (D)	ling 1E)		
Part X	umn (b) must equal Form 990, Part X, col. (B) Other Liabilities.	ine 10.)	· · · · · · · · · · · · · · · · · · ·	
Part A	Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
-	al income taxes	·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 1E1270 1.000

Schedu	le D (Form 990) 2021 GOOD PLUS FOUNDATION, INC.	31-	1777082 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	14,097,001.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	252,947.
3	Subtract line 2e from line 1	3	13,844,054.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,844,054.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	13,957,635.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	208,638.
3	Subtract line 2e from line 1	3	13,748,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	13,748,997.
Part	XIII Supplemental Information.	-	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART X, LINE 2:

THE ORGANIZATION FILES INFORMATIONAL RETURNS IN THE FEDERAL AND NEW YORK STATE JURISDICTIONS. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE INTERNAL REVENUE SERVICE OR NEW YORK STATE FOR RETURNS FILED BEFORE 2018.

THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2021. HOWEVER, THE ORGANIZATION MAY BE SUBJECT TO AUDIT BY TAX AUTHORITIES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. MANAGEMENT BELIEVES THAT ITS NONPROFIT STATUS WOULD BE SUSTAINED UPON EXAMINATION.

SHOULD THERE BE INTEREST ON UNDERPAYMENTS OF INCOME TAX, THE ORGANIZATION WOULD CLASSIFY IT AS INTEREST EXPENSE. THE ORGANIZATION WOULD CLASSIFY PENALTIES IN CONNECTION WITH UNDERPAYMENTS OF INCOME TAX AS OTHER

JSA

31-1777082 Page 5

EXPENSE.

SCHEDULE G (Form 990)							
► Attach to Form 990 or Form 990-EZ. ■ Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public
Internal Revenue Service Name of the organization	₽ G		990 IOI IIIsti	uctions and	the fatest mormation.	Employer identification	Inspection
0							
GOOD PLUS FOUND.	g Activities. Comp	lete if the organi	ization ar	swered "	Yes" on Form 99	31-177708	
	EZ filers are not re						
	the organization rais				activities. Check a	all that apply.	
a X Mail solicita	•	•			non-government g		
b X Internet and	email solicitations	f			government grants		
c Phone solic		g			ising events		
d X In-person so	olicitations						
b If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid indir least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and addi or entity (fu		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT	INFORMATION		Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tatal				·	025 404	010.000	<u> </u>
Total 3 List all states in	which the organiza	tion is registered o	n licensor	to solicit	837,486.		
registration or lic	ensing.	C				המש שבפון ווטנווופט	it is evenibt itom
AL,AK,AR,CA,CO,							
KS, KY, ME, MD, MA,	MI, MN, MS, MO, NH	,NJ,NM,NY,NC,	ND,OH,				

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II 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.

		gross receipts greater than \$5,00	0.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through				
Revenue			NIGHT OF COMEDY (event type)	(event type)	(total number)	col. (c))				
	1	Gross receipts	837,486.			837,486.				
	2	Less: Contributions	618,164.			618,164.				
	3	Gross income (line 1 minus				210 222				
		line 2)	219,322.			219,322.				
	4	Cash prizes								
"	5	Noncash prizes								
enses	6	Rent/facility costs								
Direct Expenses	7	Food and beverages	5,400.			5,400.				
	8	Entertainment	5,749.			5,749.				
	9	Other direct expenses	208,173.			208,173.				
Ра	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)	<u></u>	219,322.				
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		res" on Form 990, F	Part IV, line 19, or	reported more than				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
Se	2	Cash prizes								
pense		Noncash prizes								
Direct Expenses		Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes %	yYes% No	Yes%					
	7	Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)						
9 a k	I	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	anization conducts ga iduct gaming activities	ming activities: in each of these state	es?	Yes No				
10a k		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:								

JSA 1E1282 1.000

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: NGK GLOBAL LLC.							
ADDRESS: 25 EAST 67TH STREET, SUITE 5C NEW YORK, NY 10065							
ACTIVITY : NIGHT OF COMEDY							
CUSTODY OR CONTROL OF CONTRIBUTION? NO							
GROSS RECEIPTS FROM ACTIVITY :	837,486.						
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	219,322.						
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	618,164.						

STATEMENT 1

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States						-	OMB No. 1545-0047	
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2021	
Complete in the organization answered fee on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Open to Public								
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization		<u>e in eigen</u>				Employer identific	ation number	
GOOD PLUS FOUNDATION, INC.						31-177708		
Part I General Information on Grants and	d Assistanco	e					<u> </u>	
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistanc dures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No	
Part II Grants and Other Assistance to D		-					res on Form 990,	
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can t	be auplicated if a	•	needed.		
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	
(1) SHELTER PARTNERSHIP								
5600 RICKENBACKER ROAD, BELL, CA 90201	95-3976214	501(C)(3)		2,375,649.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(2) RIVER FUND NEW YORK, INC.								
89-11 LEFFERTS, RICHMOND HILL, NY 11419	11-3450363	501(C)(3)		1,326,154.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(3) WORLD HARVEST LA								
3100 VENICE BLVD, LOS ANGELES, CA 90019	39-2064653	501(C)(3)		1,197,565.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(4) FOOD BANK FOR NEW YORK CITY								
39 BROADWAY, 10TH FLOOR, NEW YORK, NY 10006	13-3179546	501(C)(3)		867,885.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(5) MLK JR. LOS ANGELES HEALTHCARE CORPORATION								
1680 E 120TH STREET, LOS ANGELES, CA 90059	27-4658935	501(C)(3)		462,316.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(6) WORLD VISION								
PO BOX 9716 MS 216, FEDERAL WAY, WA 98063	95-1922279	501(C)(3)		337,217.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(7) SCO FAMILY OF SERVICES								
1 ALEXANDER PLACE, GLEN COVE, NY 11542	11-2777066	501(C)(3)	11,750.	332,270.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(8) LOS ANGELES COUNTY DEPT OF PUBLIC HEALTH &								
600 S. COMMONWEALTH, LOS ANGELES, CA 90005	95-6000927	COUNTY AGEN		299,749.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(9) CHILDREN'S INSTITUTE, INC.	_							
2121 W. TEMPLE ST, LOS ANGELES, CA 90026	95-1641424	501(C)(3)	15,000.	285,297.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(10) MONTEFIORE MEDICAL CENTER	_							
111 EAST 210TH STREET, BRONX, NY 10467	13-1740114	501(C)(3)	16,750.	256,163.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(11) SHELTERING ARMS (FORMERLY EPISCOPAL SOCIAL	4							
305 7TH AVENUE, NEW YORK, NY 10001	13-3709095	501(C)(3)	18,000.	239,578.	FMV	HOUSEHOLD GOODS	SEE PART IV	
(12) WOMEN'S HOUSING AND ECONOMIC DEVELOPMENT CO	4							
50 E 168TH STREET, BRONX, NY 10452	11-3099604	501(C)(3)	24,000.	234,106.		HOUSEHOLD GOODS	SEE PART IV	
2 Enter total number of section 501(c)(3) and	0	0					54	
3 Enter total number of other organizations listed in the line 1 table								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

CHEDULE I Grants and Other Assistance to Organizations,					L	OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2021		
► Attach to Form 990									
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization Employer identification number									
GOOD PLUS FOUNDATION, INC.						31-1777082			
Part I General Information on Grants an	d Assistanc	e				÷			
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	its or assistanc	xe?					Yes No		
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient t		-			additional space is		Yes" on Form 990,		
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		
(1) BROOKLYN HOSPITAL CENTER									
255 DUFFIELD ST FL 3, BROOKLYN, NY 11201	11-1630755	501(C)(3)		197,072.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(2) EL NIDO FAMILY CENTERS									
10200 SEPULVEDA, MISSION HILLS, CA 91345	95-3186429	501(C)(3)	36,000.	148,148.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(3) GREATER DC DIAPER BANK									
1532 A STREET NE, WASHINGTON, DC 20002	27-4276547	501(C)(3)		140,523.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(4) PENNY LANE CENTERS									
15305 RAYEN ST, NORTH HILLS, CA 91343	95-2633765	501(C)(3)	15,000.	136,992.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(5) EISNER PEDIATRIC & FAMILY MEDICAL CENTER									
1530 S OLIVE ST, LOS ANGELES, CA 90015	95-1690966	501(C)(3)	15,000.	113,994.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(6) NIDO DE ESPERANZA									
4111 BROADWAY, NEW YORK, NY 10033	82-5510616	501(C)(3)	15,000.	109,541.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(7) LIFT									
1620 I STREET NW, WASHINGTON, DC 20006	52-2168409	501(C)(3)	9,000.	87,286.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(8) FORESTDALE, INC.									
6735 112TH STREET, FOREST HILLS, NY 11375	11-1631747	501(C)(3)	20,000.	87,283.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(9) STRIVE INTERNATIONAL, INC.									
240 EAST 123RD ST, NEW YORK, NY 10035	13-3255679	501(C)(3)	8,000.	75,497.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(10) UNITED STATES CATHOLIC CONFERENCE LITTLE SI									
333 E 115TH STREET, NEW YORK, NY 10029	13-2867881	501(C)(3)	4,500.	74,745.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(11) LIVING BRIDGES									
115-25METROPOLITAN, RICHMOND HILL, NY 11418	85-3699335	501(C)(3)		70,030.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(12) DO GOOD DANIELS FAMILY FOUNDATION	_								
611 W 9TH STREET, SAN PEDRO, CA 90731 85-4077078 501(C)(3) 60,157. FMV HOUSEHOLD GOODS							SEE PART IV		
2 Enter total number of section 501(c)(3) and	0	0					•		
3 Enter total number of other organizations lis	sted in the line	1 table				<u> </u>	•		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

SCHEDULE I Grants and Other Assistance to Organizations,						OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2021
	Com		-	ttach to Form 990		, 1110 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I		1.		Inspection
Name of the organization							Employer identifica	tion number
GOOD PLUS FOUNDATION,	INC.						31-1777082	
Part I General In	formation on Grants and	d Assistanc	e					
1 Does the organiza	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, and	1
-	ria used to award the grant			-	-			Yes No
	V the organization's proced							
	d Other Assistance to D e 21, for any recipient th		-			additional space is		Yes" on Form 990,
	address of organization overnment	(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
(1) STAR VIEW CHILDREN	& FAMILY SERVICES, INC.							
1501 HUGHES WAY, LONG E	BEACH, CA 90810	94-3238299	501(C)(3)		59,729.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) HOMEBOY INDUSTRIES								
130 W. BRUNO STREET, LC	OS ANGELES, CA 90012	95-4800735	501(C)(3)	14,000.	59,674.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) NY CITY HEALTH AND	HOSPITALS CORPORATION							
160 WATER STREET, NEW Y	YORK, NY 10038	13-2655001	501(C)(3)		57,773.	FMV	HOUSEHOLD GOODS	SEE PART IV
(4) LOS ANGELES VALLEY	COLLEGE FOUNDATION							
5800 FULTON AVE, VALLEY	GLEN, CA 91401	23-7349231	501(C)(3)	4,500.	50,165.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) AVANCE HOUSTON								
4281 DACOMA ST., HOUSTO	DN, TX 77092	91-1780562	501(C)(3)		49,362.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) NEW YORK FOUNDLING	HOSPITAL							
590 AVE OF THE AMERICAS	S NEW YORK, NY 10011	13-1624123	501(C)(3)	6,000.	46,125.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) VENICE FAMILY CLINI	IC							
604 ROSE AVE, VENICE, C	CA 90291	95-2769432	501(C)(3)	4,500.	44,373.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) VISITING NURSE SERV	/ICE OF NEW YORK							
5 PENN PLAZA 12TH FLOOR	R, NEW YORK, NY 10001	13-3189926	501(C)(3)		39,456.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) FCBC COMMUNITY DEVE	ELOPMENT CORPORATION							
1912 ADAM CLAYTON, NEW	YORK, NY 10026-2815	46-0711295	501(C)(3)		39,400.	FMV	HOUSEHOLD GOODS	SEE PART IV
(10) SHIELDS FOR FAMILIE	IS							
P.O. BOX 59129, LOS ANG	GELES, CA 90059	95-4336420	501(C)(3)	15,000.	38,979.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) ALTAMED HEALTH SERV	/ICES CORP.	_						
2040 CAMFIELD AVENUE, I		95-2810095	501(C)(3)	3,000.	35,967.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) PUBLIC HEALTH SOLUT	FIONS	4						
220 CHURCH STREET, NEW		13-5669201	501(C)(3)	6,000.	34,815.		HOUSEHOLD GOODS	SEE PART IV
	r of section 501(c)(3) and	•	•					•
3 Enter total numbe	r of other organizations lis	ted in the line	1 table				<u> </u>	•

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

SCHEDULE I	(Grants ar	nd Other A	Assistance t	o Organiza	ations,		OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2021
Department of the Treasury		-	A	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the	atest information	۱.		Inspection
Name of the organization							Employer identificat	ion number
GOOD PLUS FOUNDATION, IN	IC.						31-1777082	
Part I General Info	rmation on Grants and	d Assistanc	e					
1 Does the organization	on maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gran	ts or assistance, and	
the selection criteria	a used to award the grant	ts or assistand	æ?	- 				Yes No
2 Describe in Part IV	the organization's procee	dures for mor	nitoring the use	of grant funds in the	e United States.			
	Other Assistance to D 21, for any recipient tl							∕es" on Form 990,
	dress of organization ernment	(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
(1) FRIENDS OUTSIDE LOS A	ANGELES COUNTY							
261 E COLORADO BLVD, PASA		95-3557032	501(C)(3)	10,000.	33,764.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) THE CHILD CENTER OF N	NY, INC.							
6002 QUEENS BLVD., WOODSI		11-1733454	501(C)(3)	4,500.	31,612.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) ST. ANNE'S								
155 NORTH OCCIDENTAL, LOS	S ANGELES, CA 90026	95-1691306	501(C)(3)	3,000.	30,786.	FMV	HOUSEHOLD GOODS	SEE PART IV
(4) SAFE HORIZON, INC.								
2 LAFAYETTE STREET, NEW Y	YORK, NY 10007	13-2946970	501(C)(3)	10,000.	30,527.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) UNIVERSITY HEIGHTS EI	DUCATIONAL & CULTURAL D							
5 BLUE SLIP, 2I MS., BROC	OKLYN, NY 11222	13-4017676	501(C)(3)		30,330.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) SPIRITT FAMILY SERVIC	CES							
8000 PAINTER AVE, WHITTIE	ER, CA 90602	95-2852683	501(C)(3)		28,594.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) SHARE OUR SPARE								
935 W CHESNUT, LL13, CHIC	CAGO, IL 60642	45-2773364	501(C)(3)		24,247.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) ONEGENERATION								
17400 VICTORY BLVD. 18255	5, RESEDA, CA 91335	95-4066979	501(C)(3)	10,000.	22,868.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) LENOX HILL NEIGHBORHO	DOD HOUSE, INC.							
331 E. 70TH STREET, NEW Y	YORK, NY 10021	13-1628180	501(C)(3)		20,985.	FMV	HOUSEHOLD GOODS	SEE PART IV
(10) D.A.D. PROJECT								
1547 S OGDEN DR, LOS ANGE	ELES, CA 90019	81-1793087	501(C)(3)	10,000.	13,937.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) HEALTHRIGHT 360								
1563 MISSION ST, SAN FRAN	NCISCO, CA 94103	94-6129071	501(C)(3)		12,410.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) KNOCK KNOCK GIVE A SC	DCK							
60 STANFORD AVE, WEST ORA			501(C)(3)		11,860.		HOUSEHOLD GOODS	SEE PART IV
	of section 501(c)(3) and	•	•					
3 Enter total number of	of other organizations lis	ted in the line	1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

SCHEDULE I	(Grants ar	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990)				ndividuals ii				2021
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
			-	ttach to Form 990		,		Open to Public
Department of the Treasury Internal Revenue Service		► Go t		/Form990 for the I		1.		Inspection
Name of the organization			_				Employer identifi	cation number
GOOD PLUS FOUNDATION,	INC.						31-1777082	
Part I General In	formation on Grants and	d Assistanc	e					
1 Does the organiz	ation maintain records to s	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the gran	ts or assistance, a	nd
the selection crite	eria used to award the grant	s or assistanc	e?					Yes No
2 Describe in Part	IV the organization's procee	dures for mor	itoring the use	of grant funds in the	e United States.			
Part II Grants an	d Other Assistance to D	omestic Or	anizations a	nd Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,
	e 21, for any recipient the		•					
	address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
	povernment		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistanc	
(1) LAGUARDIA EDUCATIO	N FUND INC.							
3110 THOMSON, LONG ISL	AND CITY, NY 11101	11-2644089	501(C)(3)	8,000.	11,770.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) FUND FOR PUBLIC SC	HOOLS							
52 CHAMBERS STREET, NE	W YORK, NY 10007	11-2656137	501(C)(3)		10,973.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) CHILDREN'S BUREAU	OF SOUTHERN CALIFORNIA	_						
44404 16TH ST W, LANCA		95-1690975	501(C)(3)		10,262.	FMV	HOUSEHOLD GOODS	SEE PART IV
(4) CHILDREN'S HOSPITA	L LOS ANGELES	_						
4650 SUNSET BLVD., LOS		95-1690977	501(C)(3)		7,704.	FMV	HOUSEHOLD GOODS	SEE PART IV
	OF NY (CENTER FOR COURT I	_						
121 AVE OF THE AMERICA		13-2612524	501(C)(3)	5,000.	7,558.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) DIGNITY & POWER NO		-	501 (7) (0)		5.44			
3655 SOUTH GRAND AVE,	LOS ANGELES, CA 90007	46-3064675	501(C)(3)		7,441.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) BRONXWORKS	TH YORK NY 10007	12 2054404	501(0)(0)		7 070			
22 CORTLANDT STREET, N	L MEDICAL CENTER FOUNDATI	13-3254484	501(C)(3)		7,270.	FMV	HOUSEHOLD GOODS	SEE PART IV
1401 SOUTH GRAND AVE,		95-4000909	501(C)(3)		6,275.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9)	105 ANGELLES, CA 90015	55 4000505	501(0)(3)		0,275.	1110	HOUSEHOLD GOODS	SHE FART IV
		-						
(10)		_						
(11)		_						
(12)		_						
2 Enter total number	er of section 501(c)(3) and	aovernment a	rganizations lis	ted in the line 1 tak			 • • • • • • • • • • •	<u> </u>
	er of other organizations lis	•	•					·

Schedule I (Form 990) 2021

GOOD PLUS FOUNDATION, INC.

31-1777082

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS:

THE ORGANIZATION REQUIRES PROGRAM PARTNERS TO SUBMIT ANNUAL IMPACT REPORTS, SHOWING USE OF FUNDS AND TO DETERMINE WHETHER THEY STILL MEET THE CRITERIA TO RECEIVE ADDITIONAL FUNDS. THOSE THAT NO LONGER MEET THE ORGANIZATION'S CRITERIA ARE NOT RENEWED. ALL EXISTING PARTNERS WERE ALSO INVITED TO APPLY FOR A CASH GRANT. THE CASH GRANTS WERE AWARDED BASED ON CAREFUL REVIEW OF PROPOSED OUTLINED USES OF FUNDS AND NEED. Page 2

GOOD PLUS FOUNDATION, INC.

31-1777082

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 non-cash assistance
5					
6					
7					

PART II, LINE 1, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE:

TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR CHILDREN AND PARENTS

IN NEED.

Page 2

SCHI	EDULE J	Comper	sation Information	(OMB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എി	91	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	ZU		
	nent of the Treasury	· · · · • •	Attach to Form 990.		Open to		
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information	Employer identification		ectio	n
	D PLUS FOUI	NDATION, INC.		31-177708		•	
Part		is Regarding Compensation		31-1///00	04		
r ar c						Yes	No
1a	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form	1		-
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	g these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy represented above? If "No," com	egarding paymen pplete Part III to)		
•					1b		
2	•		to reimbursing or allowing expenses D/Executive Director, regarding the items	•			
			Executive Director, regarding the items		2		
2				• • • • • • • • • • • • • • •			
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ods used by a			
	X Comper	sation committee	Written employment contract				
	Indepen	dent compensation consultant	X Compensation survey or study				
	Form 99	00 of other organizations	X Approval by the board or compensation	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С	•		ed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each it	tem in Part III.			
	Only section	$F(A_{1}, A_{2}) = F(A_{1}, A$					
-	-		rganizations must complete lines 5-9. on A, line 1a, did the organization pa				
5		isted on Form 990, Fait Vil, Section contingent on the revenues of:	on A, line ra, did the organization pa	ay of accrue any	/		
а	-	-			5a		Х
b					5b		X
		e 5a or 5b, describe in Part III.					
6	For persons		on A, line 1a, did the organization pa	ay or accrue any	/		
2		.			6a		v
a b	-				6b		XX
D D	•	e 6a or 6b, describe in Part III.			00		
7			n A, line 1a, did the organization prov	vide any nonfixed			
,			escribe in Part III		' 7		x
8			paid or accrued pursuant to a contract the				
	-	-	Regulations section 53.4958-4(a)(3)?		e		
					8		X
9			low the rebuttable presumption proced		n		
	Regulations se	ection 53.4958-6(c)?	<u></u>		9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Schedule J ((Form 990) 2021	GOOD PLUS FOUNDATION, INC.	31-1777082	Page 2
Part II	Officers, Directors, T	rustees, Key Employees, and Highest Compensated Employee	s. Use duplicate copies if additional space is needed.	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KATHERINE E. SNIDER (i) 217,488.	50,000.	NONE	6,556.	20,510.	294,554.	NONE
1 CHIEF EXECUTIVE OFFIC (ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAUREL P. WEST (i	151,767.	12,000.	NONE	4,800.	21,482.	190,049.	NONE
2 CHIEF PRGRM & OPERATI (ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIFFANY Y. LANGSTON (i	155,845.	NONE	NONE	NONE	6,491.	162,336.	NONE
3 CHIEF MARKETING OFFIC (ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)						
4 (ii							
(i							
<u>5</u> (ii							
(i							
<u>6</u> (ii							
(i							
(ii							
(i							
8 (ii							
(i							
9 (ii)						
(i)						
10 (ii)						
(i)						
(ii)						
(i)						
12 (ii)						
(i)						
13 (ii)						
(i							
14 (ii)						
(i)						
15 (ii							
(i							
16 (ii							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE HR COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE SALARY AND PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER EACH YEAR. THE BOARD VOTES ON THE SALARY OF THE CHIEF EXECUTIVE OFFICER IN A CLOSED SESSION AS PART OF THE BUDGET APPROVAL PROCESS EACH YEAR. AT THE SAME TIME, THE BOARD APPROVES THE SALARY ALLOCATIONS FOR THE REST OF THE STAFF. FOR THE CHIEF EXECUTIVE OFFICER'S SALARY, THE BOARD COMPARES AGAINST COMPARABLES. THE CHIEF EXECUTIVE OFFICER DOES THE SAME IN DETERMINING HER STAFF'S SALARIES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

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

2021 Open to Public

Name of the organization

Employer	ident	tificat	ion	num	ber

Part I	Tvr	pes of Property	
GOOD	PLUS	FOUNDATION,	INC.

31-1777082

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		9,999,751.	FMV		
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						
45	contribution - Other Real estate - Residential						
15 16							
17	Real estate - Commercial						
18	Real estate - Other						
19	Food inventory						
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 org	anization during the tax ye				
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		
					[Y	es No
30a	During the year, did the organizat				- 1		
	28, that it must hold for at least the	•				202	37
	to be used for exempt purposes for		olding period?			30a	X
	If "Yes," describe the arrangement i		tonon notion that require	the review of envi			
31	Does the organization have a					31	X
32-	contributions? Does the organization hire or use					51	
JZd	contributions?		_			32a	x
h	If "Yes," describe in Part II.				•••••		
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	is checked		
	describe in Part II.						
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule	M (Form	990) 2021

Department of the Treasury

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.



 Department of the frequency
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

Employer identification number

FORM 990, PART I, LINE 1:

FOUNDED IN 2001 BY JESSICA SEINFELD, GOOD+FOUNDATION IS A LEADING NATIONAL NON-PROFIT THAT WORKS TO DISMANTLE MULTI-GENERATIONAL POVERTY BY PAIRING TANGIBLE GOODS WITH INNOVATIVE SERVICES FOR LOW-INCOME FATHERS, MOTHERS, AND CAREGIVERS, CREATING AN UPWARD TRAJECTORY FOR THE WHOLE FAMILY. IN 2021, FOR EVERY \$1 SPENT \$0.90 WENT TO THE ORGANIZATION'S PROGRAMS. DIAPERS CONTINUED TO BE ESSENTIAL NEED AND IN 2021, GOOD+ DONATED 2,218,608 DIAPERS TO ITS PROGRAM PARTNERS. SINCE INCEPTION, GOOD+ HAS NOW DONATED 32,875,67 DIAPERS TO FAMILIES IN NEED.

FORM 990, PART III, LINE I:

FOUNDED IN 2001, GOOD+FOUNDATION IS A LEADING NATIONAL NON-PROFIT THAT WORKS TO DISMANTLE MULTI-GENERATIONAL POVERTY BY PAIRING TANGIBLE GOODS WITH INNOVATIVE SERVICES FOR LOW-INCOME FATHERS, MOTHERS, AND CAREGIVERS, CREATING AN UPWARD TRAJECTORY FOR THE WHOLE FAMILY. WITH AN EARLY FOCUS ON MOTHERS AND CHILDREN, GOOD+ EXPANDED PROGRAMMING IN 2010 TO STRENGTHEN SUPPORT FOR NON-CUSTODIAL AND FORMERLY INCARCERATED FATHERS TO ADDRESS ONE OF THE ROOT CAUSES OF CYCLICAL POVERTY: FATHER ABSENCE. TODAY, THE ORGANIZATION PARTNERS WITH A NATIONAL NETWORK OF SOCIAL SERVICE PROGRAMS TO PAIR GOODS - SUCH AS CRIBS, CAR SEATS AND DIAPERS - WITH COUNSELING, HEALTH SERVICES, EMPLOYMENT ASSISTANCE, FINANCIAL LITERACY, CO-PARENTING CLASSES AND MORE. BY GIVING FATHERS TOOLS, CONFIDENCE, AND OPPORTUNITIES TO RE-ENGAGE WITH THEIR FAMILIES, GOOD+ IS IMPROVING OUTCOMES FOR CHILDREN. GOOD+FOUNDATION MET 99.45% OF REQUESTS FOR CRITICAL CHILDREN'S GEAR FOR THE YEAR (COMPARED TO 98.67% IN 2020); THIS IS THE HIGHEST PERCENTAGE OF NEEDS MET SINCE THE ORGANIZATION BEGAN USING THIS

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PERFORMANCE METRIC. IN 2020 GOOD+FOUNDATION LAUNCHED A MICROGRANT PROGRAM TO PROVIDE CASH ASSISTANCE TO PARENTS WHO SUFFERED LOSS OF INCOME DUE TO THE PANDEMIC. SINCE THAT TIME, GOOD+ HAS PROVIDED OVER \$586,500 TO HELP PARENTS COVER THE COST OF GROCERIES, RENT, MEDICAL EXPENSES AND OTHER ESSENTIALS. IN RECENT YEARS THE ORGANIZATION ALSO CREATED THE GOOD+FOUNDATION TRAINING ACADEMY TO PROVIDE TECHNICAL ASSISTANCE AND EDUCATION TO SOCIAL WORKERS, HOME VISITORS, AND OTHER FRONTLINE WORKERS ON TOPICS RANGING FROM FATHER ENGAGEMENT AND ENCOURAGING HEALTHY CO-PARENTING TO ADDRESSING IMPLICIT BIAS IN CHILD WELFARE. THESE NEW INITIATIVES ALLOW GOOD+FOUNDATION TO ADDRESS KEY SYSTEMS AND BARRIERS THAT HAVE LED TO GENERATIONAL POVERTY.

FORM 990, PART III, LINE 4A:

HELPING MOMS/NURSE-FAMILY PARTNERSHIP - GOOD+FOUNDATION INVESTS IN QUALITY PROGRAMS THAT HELP MOMS LIVING IN POVERTY BY PROVIDING GOODS RANGING FROM DIAPERS TO BREAST PUMPS TO STROLLERS. GOOD+FOUNDATION DONATED 3,211,448 ITEMS WORTH \$10,583,450 MILLION DOLLARS TO OUR GRANTEE PARTNERS IN 2021. THE MAJORITY OF GOODS DONATED TO GOOD+ THIS YEAR WENT RIGHT BACK OUT THE DOOR TO FAMILIES WITHIN A 40-DAY PERIOD. THE GOAL OF GOOD+FOUNDATION, IS TO GIVE MOTHERS THE MATERIAL ITEMS THEY NEED TO KEEP THEIR CHILDREN SAFE AND HEALTHY WHILE THEY WORK TO MEET GOALS LIKE GETTING A GED, SECURING A STABLE JOB OR OPENING A SAVINGS ACCOUNT. EVIDENCE BASED NURSE-FAMILY PARTNERSHIP (NFP) PROGRAM, HAS BEEN A KEY PARTNER OF GOOD+FOUNDATION SINCE 2006.

FORM 990, PART III, LINE 4B:

FATHERHOOD/DADS - IN 2021, GOOD+FOUNDATION CONTINUED TO EXPAND THE

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

BREADTH AND DEPTH OF ITS TRAINING ACADEMY, WHICH WAS OFFICIALLY LAUNCHED IN 2020 TO PROVIDE VIRTUAL AND/OR IN-PERSON TRAINING, TECHNICAL ASSISTANCE, AND CAPACITY BUILDING TO TRANSFORM SOCIAL SERVICES SYSTEMS AND INCORPORATE FATHER-INCLUSIVE APPROACHES. THE ORGANIZATION EXPANDED ITS PARTNERSHIP WITH THE LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES TO CONTINUE TO TRAIN NEW SOCIAL WORKERS WHILE ADDING TRAINING FOR REGIONAL DIRECTORS AND OTHER, VETERAN SOCIAL WORKERS THROUGHOUT THE AGENCY. GOOD+ TRAINED 6,921 PEOPLE (SOCIAL WORKERS, NURSE HOME VISITORS, CASEWORKERS) FOR A TOTAL OF 1,715,641 TRAINING HOURS THROUGH THE GOOD+ TRAINING ACADEMY IN 2021. THIS IS A 73% INCREASE IN THE NUMBER OF PEOPLE THE ORGANIZATION TRAINED THIS YEAR AND JUST UNDER A 1000% INCREASE IN THE TOTAL NUMBER OF TRAINING HOURS PROVIDED, COMPARED TO 2020.

FORM 990, PART III, LINE 4C:

EDUCATION - GOOD+FOUNDATION CONTINUE TO PROVIDE MONTHLY DONATIONS OF GOODS TO FAMILIES LIVING IN POVERTY AND ENROLLED IN EDUCATIONAL PROGRAMS. THIS INCLUDES EARLY HEAD START SITES IN NEW YORK CITY, LOS ANGELES, AND NATIONAL PARTNERS LIKE AVANCE IN HOUSTON. IN 2021, THE ORGANIZATION SERVED 268,536 FAMILIES THROUGH 116 REGULAR NETWORK PARTNERS AND COVID CRISIS RESPONSE PARTNERS. THIS INCLUDED 294,772 CHILDREN, 230,357 MOTHERS, 152,904 FATHERS.

FORM 990, PART III, LINE 4D:

CRISIS INTERVENTION/COVID-19 CRISIS RESPONSE - IN 2021, THE ORGANIZATION CONTINUED TO SUPPORT UNDER-RESOURCED FAMILIES AS THEY WORKED TO OVERCOME THE CHALLENGES OF A MULTI-YEAR PANDEMIC. COVID CRISIS RESPONSE CONTINUED TO BE A PRIORITY FOR GOOD+ AND MOST OF ITS PROGRAM PARTNERS MAINTAINED A

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Supplemental Information to Form 990 or 990-EZ

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HYBRID OR MAJORITY-VIRTUAL APPROACH TO SERVICE DELIVERY TO TRY TO KEEP BOTH FAMILIES AND THEIR STAFF SAFE. BASIC NEEDS CONTINUED TO BE A MAJOR NEED FOR THE FAMILIES THE ORGANIZATION SERVES. AS A RESULT, GOOD+FOUNDATION COLLECTED AND DISTRIBUTED 136,268 PPE ITEMS, INCLUDING MASKS IN ADULT AND CHILDREN SIZES, CLEANING PRODUCTS, AND HAND SANITIZER. IN ADDITION, GOOD+FOUNDATION DISTRIBUTED 433,089 BATH, HEALTH, AND HYGIENE PRODUCTS, 8,258 PACKS OF WIPES, 2,533 PACKAGES OF BABY FOOD AND FORMULA, AND 45,517 BACKPACKS AND SCHOOL SUPPLIES FOR CHILDREN ENGAGED IN REMOTE LEARNING AND TO PREPARE FOR IN PERSON SCHOOL STARTING IN THE FALL.

WITH SO MANY FAMILIES AND PROGRAM PARTNERS UNABLE TO RECEIVE PHYSICAL GOODS DURING THE MANY SURGES OF THE COVID VIRUS, GOOD+FOUNDATION LEARNED JUST HOW IMPORTANT ITS MICROGRANT PROGRAM IS IN MEETING THE IMMEDIATE NEEDS OF STRUGGLING FAMILIES AND SUBSTANTIALLY EXPANDED THE PROGRAM IN 2021. WITH NEW PARTNERSHIP WITH THERAFLU "RIGHT TO REST & RECOVER FUND", THE ORGANZATION GRANTED OUT A TOTAL OF \$321,500 IN TWO DIFFERENT GRANT CYCLES IN 2021 (IN 2020, THE ORGANIZATION GRANTED OUT \$265,000), TO 41 PROGRAM PARTNERS WHO ANTICIPATE SERVING OVER 2,100 FAMILIES.

GOOD+FOUNDATION DONATED TO PARENTS WHO ARE AT RISK OF FALLING INTO CRISIS OR LOSING CUSTODY OF THEIR CHILDREN DUE TO LOSS OF WORK, HOMELESSNESS, ETC. DONATIONS ARE PAIRED WITH CASE MANAGEMENT, COUNSELING, ADVOCACY, JOB, FINANCIAL LITERACY AND PARENTING WORKSHOPS, AS WELL AS CRISIS INTERVENTION AND LEGAL REPRESENTATION WHEN NECESSARY. SOME OF THE

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RECIPIENT SITES IN THIS PROGRAM ARE THE CENTER FOR RIVER FUND AND LEGACY

CENTER IN NY AND SHELTER PARTNERSHIP IN LA.

FORM 990, PART VI, SECTION A, LINE 4:

IN JANUARY 2021, THE MEMBERS/DIRECTORS OF THE ORGANIZATION APPROVED AMENDMENTS TO THE ORGANIZATION'S BY-LAWS (1) TO RETITLE THE PRESIDENT AND VICE PRESIDENT OFFICER POSITIONS AS THE CHAIR AND VICE CHAIR; (2) TO PROVIDE FLEXIBILITY FOR MULTIPLE VICE CHAIRS TO SERVE; (3) TO ADD A CEO OFFICER POSITION AS AN ALTERNATIVE TO THE EXECUTIVE DIRECTOR POSITION; (4) TO CLARIFY THAT THE ANNUAL MEETING OF THE ORGANIZATION'S MEMBERS WILL BE HELD CONCURRENTLY WITH THE ANNUAL MEETING OF THE ORGANIZATION'S DIRECTORS; (5) TO PERMIT MEMBERS AND DIRECTORS TO PARTICIPATE IN MEETINGS VIA VIDEOCONFERENCE; (6) TO REMOVE THE ORGANIZATION'S THREE-CLASS, STAGGERED-TERM BOARD STRUCTURE IN FAVOR OF A STRUCTURE WHERE ALL OF THE DIRECTORS ARE ELECTED ANNUALLY, BEGINNING IN 2022; (7) TO ALLOW DIRECTORS AND OFFICERS TO SUBMIT RESIGNATIONS TO EITHER THE CHAIR OR THE SECRETARY; (8) TO REQUIRE THAT THE ORGANIZATION HOLD TWO REGULAR MEETINGS AND ONE ANNUAL MEETING OF THE BOARD OF DIRECTORS ANNUALLY; (9) TO INCREASE THE QUORUM FOR BOARD MEETINGS FROM ONE-THIRD TO A MAJORITY OF THE DIRECTORS SERVING; (10) TO PERMIT THE CEO OR THE EXECUTIVE DIRECTOR, AS THE CASE MAY BE, TO BE ELECTED TO SERVE AS AN EX-OFFICIO, VOTING DIRECTOR; (11) TO CLARIFY THAT THE REASONABLE COMPENSATION AND BENEFITS OF THE CEO OR THE EXECUTIVE DIRECTOR, AS THE CASE MAY BE, WILL BE APPROVED BY THE BOARD OF DIRECTORS; AND (12) TO CLARIFY THAT THE TITLES, COMPENSATION AND BENEFITS OF THE ORGANIZATION'S STAFF WILL BE SET BY THE CEO OR THE EXECUTIVE DIRECTOR, AS THE CASE MAY BE.

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FORM 990, PART VI, SECTION A, LINES 6 & 7A:

THE ORGANIZATION'S CERTIFICATE AND BY-LAWS PROVIDE FOR A MEMBERSHIP STRUCTURE WHEREBY ALL OF THE ORGANIZATION'S DIRECTORS ALSO SERVE AS THE ORGANIZATION'S MEMBERS AND WHEREBY THE ORGANIZATION'S MEMBERS HAVE THE RIGHT TO ELECT AND REMOVE DIRECTORS AND APPROVE FUNDAMENTAL CORPORATE CHANGES (E.G., MERGER, DISSOLUTION, AMENDMENTS TO THE ORGANIZATION'S GOVERNING DOCUMENTS, ETC).

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPLETE FORM 990 IS REVIEWED BY THE CEO, CHIEF PROGRAM & OPERATIONS OFFICER, AND THE DIRECTOR OF FINANCE & ADMINISTRATION. IT IS THEN SENT TO ORGANIZATION'S SECRETARY, CHAIR, VICE CHAIR/TREASURER, AND THE AUDIT & FINANCE COMMITTEE FOR FINAL REVIEW. THE CEO UPDATES THE REST OF THE BOARD ON THE PROCESS AND EACH BOARD MEMBER RECEIVES A COPY OF THE FINAL FORM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS RECEIVES THE CONFLICT OF INTEREST POLICY AND ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT PRIOR TO THE ANNUAL (USUALLY JANUARY) BOARD MEETING. THE SECRETARY REVIEWS THIS POLICY ANNUALLY WITH THE BOARD. BOARD MEMBERS ARE INVITED TO ASK QUESTIONS AT THE MEETING AND/OR DISCUSS POTENTIAL CONFLICTS WITH THE SECRETARY AND/OR CEO FOLLOWING THE MEETING. ALL DIRECTORS MUST COMPLETE, SIGN THE DISCLOSURE STATEMENT, AND SEND IT TO THE SECRETARY OR THE CEO WITHIN A REASONABLE TIME AFTER THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE HR COMMITTEE OF THE BOARD REVIEWS THE SALARY AND PERFORMANCE OF THE

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CEO EACH YEAR. THE BOARD VOTES ON THE SALARY OF THE CEO IN A CLOSED SESSION AS PART OF THE BUDGET APPROVAL PROCESS EACH YEAR. AT THE SAME TIME, THE BOARD APPROVES THE SALARY ALLOCATIONS FOR THE REST OF THE STAFF. FOR THE CEO'S SALARY AND BONUS, THE BOARD COMPARES AGAINST COMPARABLES. THE CEO DOES THE SAME IN DETERMINING HER STAFF'S SALARIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS AND ITS FORMS 990 SINCE 2009 CAN BE FOUND ON ITS WEBSITE. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

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FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, TX, UT, VA, WV, WI,

JSA