

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: GOOD PLUS FOUNDATION, INC. D Employer identification number: 31-1777082 E Telephone number: (212) 736-1777 G Gross receipts \$: 15,911,932. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) J Website: WWW.GOODPLUSFOUNDATION.ORG K Form of organization: X Corporation L Year of formation: 2001 M State of legal domicile: DE

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: KATHERINE E. SNIDER, CEO, Date: 08/23/2022. Paid Preparer Use Only: MARY JANE PIERONI, Preparer's signature, Date: 08/23/2022, PTIN: P00538772, Firm's name: BDO USA, LLP, Firm's EIN: 13-5381590, Firm's address: 101 S. HANLEY RD STE 800 ST LOUIS, MO 63105, Phone no.: 314-889-1100

May the IRS discuss this return with the preparer shown above? See instructions X Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,020,095. including grants of \$ 3,306,000.) (Revenue \$ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,362,586. including grants of \$ 3,750,917.) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,287,850. including grants of \$ 1,100,833.) (Revenue \$ NONE)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,950,664. including grants of \$ 2,612,084.) (Revenue \$ NONE)

4e Total program service expenses 12,621,195.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

THE ORGANIZATION 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018
212-736-1777

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE E. SNIDER CHIEF EXECUTIVE OFFICER	50.00 NONE			X			267,488.	NONE	27,066.	
(2) LAUREL P. WEST CHIEF PRGRM & OPERATIONS OFF.	50.00 NONE			X			163,767.	NONE	26,282.	
(3) TIFFANY Y. LANGSTON CHIEF MARKETING OFFICER	45.00 NONE					X	155,845.	NONE	6,491.	
(4) ABDULAI AIDOO DIRECTOR OF FINANCE & ADM	50.00 NONE			X			118,858.	NONE	10,381.	
(5) JESSICA SEINFELD DIRECTOR, FOUNDER & CHAIR	25.00 NONE	X	X				NONE	NONE	NONE	
(6) MICHAEL TIEDMANN DIR., TREASURER & VICE CHAIR	2.00 NONE	X	X				NONE	NONE	NONE	
(7) JENNIFER FRANKLIN DIRECTOR AND SECRETARY	3.00 NONE	X	X				NONE	NONE	NONE	
(8) EMMANUEL AIDOO DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(9) JENNIFER GARCIA ALLEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(10) VERONICA SWANSON BEARD DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(11) DANIELLE DEVINE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(12) STACEY BENDET EISNER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(13) SARAH MICHELLE GELLAR DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(14) MARY KITCHEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENNIFER KOEN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(16) KARA MOORE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(17) MICHAEL NISSAN DIRECTOR	3.00 NONE	X					NONE	NONE	NONE	
(18) BARA TISCH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) CONNIE VERDUCCI DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(20) ALI WENTWORTH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) JASON WILLIAMS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							705,958.	NONE	70,220.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							705,958.	NONE	70,220.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 4

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** NONE

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	618,164.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	246,115.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	12,877,384.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 9,999,751.				
	h	Total. Add lines 1a-1f			13,741,663.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			58,925.		58,925.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		1,892,022.			
			7b		1,848,556.			
	c	Gain or (loss)	7c		43,466.			
	d	Net gain or (loss)			43,466.		43,466.	
	8a	Gross income from fundraising events (not including \$ 618,164. of contributions reported on line 1c). See Part IV, line 18						
			8a		219,322.			
8b				219,322.				
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19							
		9a		NONE				
		9b		NONE				
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances							
		10a		NONE				
		10b		NONE				
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			NONE			
12	Total revenue. See instructions			13,844,054.		102,391.		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, 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 persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,017,553.	546,553.	207,815.	263,185.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	124,185.	67,656.	24,876.	31,653.
10 Payroll taxes	135,782.	73,974.	27,199.	34,609.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	7,961.	456.	4,786.	2,719.
c Accounting	54,675.	3,135.	32,866.	18,674.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (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			
18 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.)				
a 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				
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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	NONE
	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	NONE
	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	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	1,335,541.	8	886,958.
	9 Prepaid expenses and deferred charges	24,055.	9	26,057.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 103,438.		
	b Less: accumulated depreciation	10b 81,574.		
	11 Investments - publicly traded securities	15,156.	10c	21,864.
	12 Investments - other securities. See Part IV, line 11	2,622,977.	11	3,021,635.
	13 Investments - program-related. See Part IV, line 11	NONE	12	NONE
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	15,000.	14	10,000.
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,982.	15	34,394.	
	6,179,214.	16	6,013,741.	
Liabilities	17 Accounts payable and accrued expenses	266,114.	17	207,390.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other 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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	246,115.	24	NONE
	25 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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25	512,229.	26	207,390.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,604,114.	27	5,757,472.
	28 Net assets with donor restrictions	62,871.	28	48,879.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,666,985.	32	5,806,351.
33 Total liabilities and net assets/fund balances	6,179,214.	33	6,013,741.	

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)	2	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	6	
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 XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 88.87%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 91.66%; 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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 supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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 - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	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, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 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

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

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 foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] 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).

Name of organization GOOD PLUS FOUNDATION, INC.	Employer identification number 31-1777082
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,533,201.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,078,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 788,629.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 707,255.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 706,754.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 487,817.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">GOOD PLUS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">31-1777082</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 345,826.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 316,156.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ADULT CLOTHING & SHOES _____ _____ _____	\$ 2,533,201.	12/31/2021
2	DIAPERS, CHILDREN'S SHOES, & ADULT CLOTHING _____ _____ _____	\$ 968,035.	12/31/2021
3	CHILDREN'S CLOTHING, SHOES, & ACCESSORIES _____ _____ _____	\$ 788,629.	12/31/2021
4	BEDDING & LINENS _____ _____ _____	\$ 707,255.	12/31/2021
5	DIAPER BAGS, WIPES & ACCESSORIES _____ _____ _____	\$ 706,754.	12/31/2021
6	DIAPERS _____ _____ _____	\$ 487,817.	12/31/2021

Name of organization <p style="text-align: center;">GOOD PLUS FOUNDATION, INC.</p>	Employer identification number <p style="text-align: center;">31-1777082</p>
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEN'S CLOTHING _____ _____ _____	\$ 345,826.	12/31/2021
8	CHILDREN'S SOCKS _____ _____ _____	\$ 316,156.	12/31/2021
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990.

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

Name of the organization

Employer identification number

GOOD PLUS FOUNDATION, INC.

31-1777082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue included, and assets included.

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

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		103,438.	81,574.	21,864.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,864.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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. [X]

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,844,054.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 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 XIII Supplemental Information (continued)

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

Part XIII Supplemental Information *(continued)*

EXPENSE.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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Inspection**

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

Name of the organization

Employer identification number

GOOD PLUS FOUNDATION, INC.

31-1777082

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				837,486.	219,322.	618,164.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL,
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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NIGHT OF COMEDY (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	837,486.		837,486.
	2	Less: Contributions	618,164.		618,164.
	3	Gross income (line 1 minus line 2)	219,322.		219,322.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,400.		5,400.
	8	Entertainment	5,749.		5,749.
	9	Other direct expenses	208,173.		208,173.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			219,322.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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 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 50 E 168TH STREET, BRONX, NY 10452	11-3099604	501(C)(3)	24,000.	234,106.	FMV	HOUSEHOLD GOODS	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 54

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Internal Revenue Service

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Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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) 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 government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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) STAR VIEW CHILDREN & FAMILY SERVICES, INC. 1501 HUGHES WAY, LONG BEACH, CA 90810	94-3238299	501(C)(3)		59,729.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) HOMEBOY INDUSTRIES 130 W. BRUNO STREET, LOS 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 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., HOUSTON, 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 NEW YORK, NY 10011	13-1624123	501(C)(3)	6,000.	46,125.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291	95-2769432	501(C)(3)	4,500.	44,373.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) VISITING NURSE SERVICE OF NEW YORK 5 PENN PLAZA 12TH FLOOR, NEW YORK, NY 10001	13-3189926	501(C)(3)		39,456.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) FCBC COMMUNITY DEVELOPMENT 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 FAMILIES P.O. BOX 59129, LOS ANGELES, CA 90059	95-4336420	501(C)(3)	15,000.	38,979.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE, LOS ANGELES, CA 90040	95-2810095	501(C)(3)	3,000.	35,967.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET, NEW YORK, NY 10013	13-5669201	501(C)(3)	6,000.	34,815.	FMV	HOUSEHOLD GOODS	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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) FRIENDS OUTSIDE LOS ANGELES COUNTY 261 E COLORADO BLVD, PASADENA, CA 91101	95-3557032	501(C)(3)	10,000.	33,764.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) THE CHILD CENTER OF NY, INC. 6002 QUEENS BLVD., WOODSIDE, NY 11377	11-1733454	501(C)(3)	4,500.	31,612.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) ST. ANNE'S 155 NORTH OCCIDENTAL, LOS 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 YORK, NY 10007	13-2946970	501(C)(3)	10,000.	30,527.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) UNIVERSITY HEIGHTS EDUCATIONAL & CULTURAL D 5 BLUE SLIP, 2I MS., BROOKLYN, NY 11222	13-4017676	501(C)(3)		30,330.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) SPIRITT FAMILY SERVICES 8000 PAINTER AVE, WHITTIER, CA 90602	95-2852683	501(C)(3)		28,594.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) SHARE OUR SPARE 935 W CHESNUT, LL13, CHICAGO, IL 60642	45-2773364	501(C)(3)		24,247.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) ONEGENERATION 17400 VICTORY BLVD. 18255, RESEDA, CA 91335	95-4066979	501(C)(3)	10,000.	22,868.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) LENOX HILL NEIGHBORHOOD HOUSE, INC. 331 E. 70TH STREET, NEW 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 ANGELES, CA 90019	81-1793087	501(C)(3)	10,000.	13,937.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) HEALTHRIGHT 360 1563 MISSION ST, SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)		12,410.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) KNOCK KNOCK GIVE A SOCK 60 STANFORD AVE, WEST ORANGE, NJ 07052	47-2835516	501(C)(3)		11,860.	FMV	HOUSEHOLD GOODS	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is 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) LAGUARDIA EDUCATION FUND INC. 3110 THOMSON, LONG ISLAND CITY, NY 11101	11-2644089	501(C)(3)	8,000.	11,770.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET, NEW 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, LANCASTER, CA 93534	95-1690975	501(C)(3)		10,262.	FMV	HOUSEHOLD GOODS	SEE PART IV
(4) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD., LOS ANGELES, CA 90027	95-1690977	501(C)(3)		7,704.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) FUND FOR THE CITY OF NY (CENTER FOR COURT I 121 AVE OF THE AMERICAS NEW YORK, NY 10013	13-2612524	501(C)(3)	5,000.	7,558.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) DIGNITY & POWER NOW 3655 SOUTH GRAND AVE, LOS ANGELES, CA 90007	46-3064675	501(C)(3)		7,441.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) BRONXWORKS 22 CORTLANDT STREET, NEW YORK, NY 10007	13-3254484	501(C)(3)		7,270.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATI 1401 SOUTH GRAND AVE, LOS ANGELES, CA 90015	95-4000909	501(C)(3)		6,275.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

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 required in Part I, line 2, Part III, column (b); and any 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.

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 required in Part I, line 2, Part III, column (b); and any other additional information.

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

TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR CHILDREN AND PARENTS
IN NEED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

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

2021

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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.

Name of the organization

Employer identification number

GOOD PLUS FOUNDATION, INC.

31-1777082

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

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**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD PLUS FOUNDATION, INC.

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

2021

**Open to Public
Inspection**

Employer identification number

31-1777082

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

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Inspection**

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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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

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Inspection**

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

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 ORGANIZATION 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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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Inspection**

Employer identification number

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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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.

Name of the organization

Employer identification number

GOOD PLUS FOUNDATION, INC.

31-1777082

FORM 990, PART VI, LINE 17 - STATES

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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,