Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No. 1545-0047

Α	For th	e 2020	calendar year, or tax year beginning , 2020, and endi	ıng			, 20	
R	Check if a	annii aabla:	C Name of organization		D Employer ider			
_	_		GOOD PLUS FOUNDATION, INC.		31-1777	082		
	Addre		Doing business as					
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	te	E Telephone nur	nber		
	Initia	l return	306 W. 37TH STREET, 8TH FLOOR		(212) 736	5-17	777	
		return/ inated	City or town, state or province, country, and ZIP or foreign postal code					
	Amer		NEW YORK, NY 10018		G Gross receipts	\$	17,253	,828.
	Appli pend	ication ling	F Name and address of principal officer: KATHERINE E. SNIDER		H(a) Is this a grou subordinates?	p return	for Yes	X No
	•	-	306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018		H(b) Are all subordi		uded? Yes	No
ī	Tax-ex	kempt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," at	ach a lis	st. See instructions	
J	Webs	ite: 🕨	WWW.GOODPLUSFOUNDATION.ORG		H(c) Group exemp	tion nun	mber >	
K	Form	of organ	nization: X Corporation Trust Association Other ▶ L Yea	ar of format	tion: 2001 M s	State o	f legal domicile:	DE
P	art I	Su	ımmary					
	1	Briefly	describe the organization's mission or most significant activities: SEE SCHEDULI	E O				
ě		,						
and								
ern	2	Check	this box if the organization discontinued its operations or disposed of more	than 25%	of its net assets	i.		
Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)		i	3		17.
∞ ব	4		er of independent voting members of the governing body (Part VI, line 1b)			4		17.
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5		19.
Ξ	6		number of volunteers (estimate if necessary)			6	1,	,465.
Aci	7a		unrelated business revenue from Part VIII, column (C), line 12			7a		0.
			nrelated business taxable income from Form 990-T, Part I, line 11		1	7b		0.
_		1101 01	Thoraced business taxable mounte from 500 1,1 art 1, into 11 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		Prior Year		Current Y	ear
	8	Contri	ibutions and grants (Part VIII, line 1h)		10,138,93	0.	13,809	
ne	9				10/130/33	0.	13,007	0.
Revenue	10		am service revenue (Part VIII, line 2g)		167,31		42	,010.
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		107,31	0.	12	0.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,306,24	• •	13,851	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,401,26		11,492	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		0,401,20	0.	11,402	0.
	14		its paid to or for members (Part IX, column (A), line 4)		1,479,18		1,674	
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,4/9,10	0.	1,074	0.
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			0.		0.
Ä	_ b		fundraising expenses (Part IX, column (D), line 25) ►603, 102.	_	1 000 50	_	1 104	005
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,086,56	_	1,184	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,967,01		14,352	
<u> </u>	19	Reven	nue less expenses. Subtract line 18 from line 12		1,339,22			,255.
t Assets or				Begin	ning of Current Y	_	End of Yea	
SSe	20		assets (Part X, line 16)		6,401,43		6,179	
¥ Z	21		liabilities (Part X, line 26)	•	190,33	_		,229.
T Net			ssets or fund balances. Subtract line 21 from line 20.		6,211,09	/.	5,666	<u>,985.</u>
	art II		gnature Block					
Ur tru	ider pe e. corre	nalties c ect. and	of perjury, I declare that I have examined this return, including accompanying schedules and state complete. Declaration of preparer (other than officer) is based on all information of which prepare	atements, a r has anv ki	and to the best of nowledge.	my kn	nowledge and be	elief, it is
		,						
Sig	nn l	=						
He	- 1		Signature of officer		Date			
	10	_	KATHERINE E. SNIDER CEO					
			Type or print name and title					
Pai	d		Type preparer's name Preparer's signature Date	100 100	Check	"	ΠN	
	parer	MAR	Mary give	08/202	' '		P0053877	′2
	:parer e Only		s name ▶BDO USA, LLP		Firm's EIN ▶ 1			
		Firm's	saddress ▶101 S HANLEY RD, STE 800 ST. LOUIS, MO 63105			14-8	389-1100	
Ма	y the	IRS d	iscuss this return with the preparer shown above? (see instructions)				X Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 990	(2020)

Page 2 Form 990 (2020)

	Check if Schedule O contains a response or note to any line in this Part III	. X
1	Briefly describe the organization's mission: ATTACHMENT 1	
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 If "Yes," describe these new services on Schedule O.	X No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5,330,622. including grants of \$4,627,117.) (Revenue \$0. ATTACHMENT 2	_)
4b	(Code:) (Expenses \$4,704,830. including grants of \$4,029,228.) (Revenue \$0. ATTACHMENT 3	_)
	(Code:) (Expenses \$1,729,304. including grants of \$1,495,113.) (Revenue \$0. EDUCATION - GOOD+FOUNDATION PROVIDES MONTHLY DONATIONS OF GOODS TO FAMILIES LIVING IN POVERTY WHO ARE ENROLLED IN EDUCATION PROGRAMS	_)
	INCLUDING EARLY HEAD START AND HEAD START SITES IN NEW YORK CITY AND LOS ANGELES. DONATIONS INCLUDE DIAPERS, STROLLERS AND CLOTHING	
	FOR CHILDREN.	
	Other program services (Describe on Schedule O.)	

Page 3 Form 990 (2020)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	.		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
h	complete Schedule D, Part VI	IIa	21	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		Х
2N 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-52		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Page 4 Form 990 (2020)

Part	Checklist of Required Schedules (continued)		V	N-
22	Did the argenization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
ч	to defease any tax-exempt bonds?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		- 21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		Х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 57		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		77	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(2002)
0E1030	1.000 6673QQ 702V 9/1/2021 12:03:49 PM V 20-6.5F THEBB7082	⊢orm		(2020) AGE
	10.0 ₂₂ .01. 5,1,201 12.05.15 111 V 20 0.51		1.1	

Page 5 Form 990 (2020)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
τu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- 30		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
_	gifts were not tax deductible?	OD		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		Х
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Х
	required to file Form 8282?	7c		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year			X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

GOOD PLUS FOUNDATION, INC. 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

Sect	ion A. Governing Body and Management					
	ion / ii oo to ming 200, and management				Yes	No
10	Enter the number of voting members of the governing hady at the and of the toy year	1a	17			
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
L	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	17			
้า			hin with			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was in Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization become aware during the year of a significant diversion of the organizations.			6	X	
_	Did the organization have members of stockholders, or other persons who had the power to el					
7a				7a	Х	
L	one or more members of the governing body?					
b				7b		X
0	stockholders, or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written actions und	eriake	in during			
_	the year by the following:			8a	Х	
a	The governing body?			8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?					
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			_	.)	
					Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiig iii	5 IOIIII: •			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
D	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT	1				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap			,	_	(-/
	X Own website Another's website X Upon request Other (explain on So	hedule	∍ O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents.	conflict o	finter	est r	olicy,
	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 the organization 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018 212-736-1777	oooks	and record	s >		
	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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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	box,	Position not check more than one unless person is both an er and a director/trustee)				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)KATHERINE E. SNIDER	50.00									
CHIEF EXECUTIVE OFFICER	0.			Х				251,058.	0.	25,962.
(2) LAUREL P. WEST	50.00									
CHIEF PRGRM & OPERATIONS OFF.	0.			Х				149,660.	0.	23,947.
(3) ABDULAI AIDOO	50.00									
DIRECTOR OF FINANCE & ADM	0.			Х				90,078.	0.	8,918.
(4) JESSICA SEINFELD	25.00									
DIRECTOR, FOUNDER & PRESIDENT	0.	Х		Х				0.	0.	0.
(5) MICHAEL TIEDMANN	3.00									
DIRECTOR, VP & TREASURER	0.	Х		Х				0.	0.	0.
(6) JENNIFER FRANKLIN	3.00									
DIRECTOR AND SECRETARY	0.	X		Х				0.	0.	0.
(7) EMMANUEL AIDOO	1.00									
DIRECTOR	0.	X						0.	0.	0.
(8) JENNIFER GARCIA ALLEN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) VERONICA SWANSON BEARD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) LESLIE SIMMONS BRILLE	1.00									
DIRECTOR (THRU 6/20)	0.	X						0.	0.	0.
(11) JENNIFER CARLSTON	1.00									
DIRECTOR (THRU 11/20)	0.	X						0.	0.	0.
(12) DANIELLE DEVINE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) STACEY BENDET EISNER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) SARAH MICHELLE GELLAR	1.00									
DIRECTOR	0.	X						0.	0.	0.

/A\	(D)			10	٠,			(D)	/E\	/*	=\
(A) Name and title	Average hours per week (list any hours for related	box,	unles er and	ss pe d a d	ition more rson irect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estin amou oth	unt of ner nsation
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organ and r organi	
5) STEFANI GREENFIELD	1.00										
DIRECTOR (THRU 11/20)	0.	Х						0 .	0.		
6) MARY KITCHEN	1.00										
DIRECTOR	0.	X						0 .	0.		
7) JENNIFER KOEN	1.00										
DIRECTOR	0.	X						0 .	0.		
8) KARA MOORE	2.00										
DIRECTOR	0.	Х						0 .	0.		
9) MICHAEL NISSAN	3.00										
DIRECTOR	0.	X						0 .	0.		
20) ARI SHALAM	1.00										
DIRECTOR (THRU 11/20)	0.	X						0 .	0.		
1) BARA TISCH	1.00										
DIRECTOR	0.	X						0 .	0.		
2) CONNIE VERDUCCI	1.00										
DIRECTOR	0.	X						0 .	0.		
23) ALI WENTWORTH	1.00										
DIRECTOR	0.	X						0 .	0.		
24)	1.00										
DIRECTOR	0.	X						0 .	0.		
	+										
1b Sub-total								490,796.	0.	5	8,827
1b Sub-total c Total from continuation sheets to Part VII, \$	Section A		• •	• •	• •			0.	0.		C
d Total (add lines 1b and 1c)	-						•	490,796.	0.	5	8,827
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of		
reportable compensation from the organization			2			,			,,		
										Y	es No
3 Did the organization list any former offi-	cer. directo	r. or	tru	ıste	e. I	kev e	ame	lovee, or highes	t compensated		
employee on line 1a? If "Yes," complete Scheo										3	X
4 For any individual listed on line 1a, is the	sum of rer	ortah	אם מ	nm	nen	sation	າ ລາ	nd other compens	sation from the		
organization and related organizations gr	eater than	\$15	0,0	00?	lf	"Yes	3,"	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	rom	any	un	related organization	on or individual		
for services rendered to the organization? If "										5	X
Section B. Independent Contractors	•										,
1 Complete this table for your five highest con	npensated i	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 o	f	
compensation from the organization. Report											

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a response	e or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
عَ ق	c	Fundraising events					
fts	d	Related organizations 1d					
Ω≅	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
atio er (and similar amounts not included above . 1f	13,809,890.				
혈	g	Noncash contributions included in					
d it	•	lines 1a-1f 1g \$	10,150,101.				
ದ್ದಿ	h	Total. Add lines 1a-1f		13,809,890.			
			Business Code				
မွ	2a						
ه ≧ّ	b						
Program Service Revenue	C						
ame	d						
Pg	e						
F	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	0.			
	3	Investment income (including dividends, in					
		other similar amounts)		75,912.			75,912.
	4	Income from investment of tax-exempt bond p		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	▶	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 3,368,026.					
<u>•</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b 3,401,928.					
ě	С	Gain or (loss) 7c -33,902.					
Α.	d	Net gain or (loss)	▶	-33,902.			-33,902.
Other R	8a	Gross income from fundraising					
Ō		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	🕨	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold 10b	0.				
	С	Net income or (loss) from sales of inventory	<u></u> ▶	0.			
S			Business Code				
eo Leo	11a						
lan en	b						
sel sel	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	▶	13,851,900.			42,010.

GOOD PLUS FOUNDATION, INC.

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).

000	Check if Schedule O contains a resp	•			
<u>Do</u>			(B)		(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,492,793.	11,492,793.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	549,623.	290,778.	99,655.	159,190.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
7	persons described in section 4958(c)(3)(B) Other salaries and wages	911,295.	480,805.	165,965.	264,525.
	Pension plan accruals and contributions (include	,	,		
ŭ	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	89,964.	48,679.	15,707.	25,578.
10	Payroll taxes	123,495.	66,823.	21,561.	35,111.
11	Fees for services (nonemployees):				
а	Management	0.			
b	Legal	6,840.	1,192.	4,272.	1,376.
	Accounting	46,781.	8,149.	29,221.	9,411.
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
y	Other. (If line 11g amount exceeds 10% of line 25, column	99,177.	17,277.	61,949.	19,951.
12	(A) amount, list line 11g expenses on Schedule O.). Advertising and promotion	54,709.			54,709.
13	Office expenses	139,930.	82,544.	38,410.	18,976.
14	Information technology	18,732.	3,263.	11,701.	3,768.
15	Royalties	0.			
16	Occupancy	332,766.	322,738.	4,625.	5,403.
17	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20 21	Interest	0.			
22	Depreciation, depletion, and amortization	26,403.	11,319.	15,027.	57.
23	Insurance	23,142.	16,821.	2,035.	4,286.
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.)	250 044	250.044		
<u>~</u>	PROGRAM SUPPLIES	358,944. 64,973.	358,944.		600
	DELIVERY REPAIRS AND MAINTENANCE	15,690.	64,284.	305.	689. 241.
_	TAX REFUNDS	-4,063.	-708.	-2,538.	-817.
-		961.	68.	245.	648.
	All other expenses Total functional expenses. Add lines 1 through 24e	14,352,155.	13,280,913.	468,140.	603,102.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			, 11
_		I			Earm 000 (2020)

Form 990 (2020) Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	855,151.	1	2,092,794.
2	Savings and temporary cash investments	43,413.	2	1,024
3	Pledges and grants receivable, net	0.	3	46,685
4	Accounts receivable, net	135,000.	4	0
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	0.	5	0
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).	0.	6	0
2 7	Notes and loans receivable, net	0.	7	0
7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Inventories for sale or use	2,363,233.	8	1,335,541
8 S	Prepaid expenses and deferred charges	22,218.	9	24,055
_	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 85,231.			
b	Less: accumulated depreciation	19,026.	10c	15,156
11	Investments - publicly traded securities	2,909,606.	11	2,622,977
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11.	0.	13	0
14	Intangible assets	30,000.	14	15,000
15	Other assets. See Part IV, line 11	23,789.	15	25,982
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,401,436.	16	6,179,214
17	Accounts payable and accrued expenses	190,339.	17	266,114
18	Grants payable	0.	18	0
19	Deferred revenue.	0.	19	0
20	Tax-exempt bond liabilities.	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0
	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	0.	22	0
ةً ₂₃	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	246,115
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	0.	25	0
26	Total liabilities. Add lines 17 through 25	190,339.	26	512,229
202	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	6,085,556.	27	5,604,114
28	Net assets with donor restrictions	125,541.	28	62,871
27 28	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29 30 31	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	6,211,097.	32	5,666,985
33	Total liabilities and net assets/fund balances	6,401,436.	33	6,179,214
		, , , , , , , , , , , , , , , , , , , ,	_ 55	Form 990 (2020

Form 990 (2020) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,8	51,9	900.
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,352,155.		55.
3	Revenue less expenses. Subtract line 2 from line 1	3			00,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,2	11,0	97.
5	Net unrealized gains (losses) on investments	5		-	43,8	357.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,6	66,9	985.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	·					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			7.7
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b		

SCHEDULE A (Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

p of to William agovi of most destroite and the latest mistinguistic

Employer identification number Name of the organization GOOD PLUS FOUNDATION, INC. 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2020

Total

Schedule A (Form 990 or 990-EZ) 2020 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,740,235.	9,955,516.	10,137,096.	10,138,930.	13,809,890.	51,781,667.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	7,740,235.	9,955,516.	10,137,096.	10,138,930.	13,809,890.	51,781,667.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ATCH 1.						3,810,943.
6	Public support. Subtract line 5 from line 4						47,970,724.
	tion B. Total Support						17,370,721.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	7,740,235.	9,955,516.	10,137,096.	10,138,930.	13,809,890.	51,781,667.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	104,447.	115,981.	91,343.	167,310.	75,912.	554,993.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						52,336,660.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (lin		-			14	91.66%
15	Public support percentage from 2019					15	90.27 %
16a	33 1/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
47-	this box and stop here. The organization			-			
17a	a 10%-facts-and-circumstances test - 2020. 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						
b	organization	2019. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	in Part VI how the organization meets organization.	the facts-and	-circumstances to	est. The organi	zation qualifies	as a publicly su	pported
18	Private foundation. If the organization instructions						▶

Schedule A (Form 990 or 990-EZ) 2020 Page 3

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

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

Sec	tion A. Public Support			, i	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	•						
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0							
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_		(u) 2010	(5) 2011	(0) 2010	(a) 2010	(0) 2020	(i) rotal
9 10 a	Amounts from line 6. Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
ь	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41 ' ''			4:4:1		504(:)(0)
14	First 5 years. If the Form 990 is for	-			•		
<u> </u>	organization, check this box and stop here.			· · · · · · · · ·			🚩 🔃
	Public support percentage for 2020 (line 8			mn (f))		45	0/
15 16	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Scher			<u> </u>		16	<u></u> %
	tion D. Computation of Investment			10 pale (0)		47	0/
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	<u>%</u>
19 a	331/3% support tests - 2020. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•				
20	Private foundation. If the organization d	nu not check a	a box on line 1	4, 19a, or 19b,	CHECK THIS DOX	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020 Page 4

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

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

		Yes	No
) /			
	1		
s d	2		
r	_		
	3a		
k e			
	3b		
)			
	3с		
f	4.5		
	4a		
า ว			
•	4b		
1			
d			
)			
,,	4c		
, I			
; า			
	5a		
,			
	5b		
	5c		
)			
t			
r			
	6		
r			
/	7		
,	7		
?	8		
9			
3			
	9a		
1	٥.		
	9b		
t	9с		
1	30		
' k			
	10a		
)			
	10b	1	

Page 5 Schedule A (Form 990 or 990-EZ) 2020

	() () () () () () () () () ()			age C
Part	Supporting Organizations (continued)		V -	N 1.
4.4	Healtha arganization accounted a gift or contribution from any of the fall-wife a second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
C	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
·	detail in Part VI .	11c		
Secti	on 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	on or type in emptorming or gameanone		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
·	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			,
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h				
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		I

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

Da	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	•	. age 🗸
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	zations n	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
_е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization
	(see instructions).	•		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e.		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	6 Other distributions (describe in Part VI). See instructions.			6	
7	7 Total annual distributions. Add lines 1 through 6.				
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2020		ıs	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2020

Employer identification number

GOOD PLUS FOUNDATION	N, INC.	31-1777082			
Organization type (check on	ie):				
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 f	oundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
7 01111 000 1 1					
	4947(a)(1) nonexempt charitable trust treated as a private found	Jation			
	501(c)(3) taxable private foundation				
Check if your organization is	s covered by the General Rule or a Special Rule .				
, ,	(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See			
instructions.					
General Rule					
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor or property) from any one contributor. Complete Parts I and II. See instructions.	_			
Special Rules					
regulations under s 13, 16a, or 16b, ar	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	0 or 990-EZ), Part II, line ons of the greater of (1)			
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 tha	at isn't covered by the General Rule and/or the Special Rules doesn't file Sc ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line	chedule B (Form 990,			

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization GOOD PLUS FOUNDATION, INC.

Employer identification number 31-1777082

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_		\$1,392,578.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ 467,450.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 433,766.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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

Name of organization GOOD PLUS FOUNDATION, INC.

Employer identification number 31-1777082

			J1 177700Z
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	DIAPERS AND CHILDREN'S SHOES	-	
		\$1,269,728.	_12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	ADULT CLOTHING	-	
		\$\$	_12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CHILDREN'S CLOTHING, SHOES, AND ACCESS.	_	
		\$\$190,280.	_12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DIAPERS AND LAUNDRY DETERGENT	-	
		\$\$467,450.	_12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	MATERNITY & WOMEN'S CLOTHING FOR MOMS	-	
		\$\$433,766.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	CHILDREN'S CLOTHING, SHOES, AND ACCESS.	-	
		\$\$8	12/31/2020

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.

	Tronsacti Toporty (600 motractions). Ode adplicate deplica	· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7_	HEALTH AND GROOMING ITEMS		
		\$\$	12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	BABY GEAR ITEMS		
		\$\$	12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9_	CHILDREN'S CLOTHING, SHOES, AND ACCESS.		
		\$\$	12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	MASKS AND HAND SANITIZERS	_	
		\$6,756.	12/31/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization GOOD PLUS FOUNDATION, INC. **Employer identification number** 31-1777082 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number COOD PLUS FOUNDATION

	organizations Maintaining Donor Advised Funds or	Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 6.	
	(a) Don	or advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ing that the assets he	eld in donor advised
	funds are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor advisor	=	
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Form	990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (for example, recreation or education)		on of a historically important land area
	Protection of natural habitat		on of a certified historic structure
	Preservation of open space	11000174110	on or a certifica motorio structure
2	Complete lines 2a through 2d if the organization held a qualified co	nearvation contribution	o in the form of a conservation
_	easement on the last day of the tax year.	miservation contribution	Held at the End of the Tax Year
_	·		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С.	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired after		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ed, extinguished, or te	rminated by the organization during the
	tax year		
4	Number of states where property subject to conservation easemer		
5	Does the organization have a written policy regarding the per		-
	violations, and enforcement of the conservation easements it holds'	?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforci	ng conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing	g conservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of se	ection 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	sements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to	the organization's fina	incial statements that describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art, Histori	cal Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, n	ot to report in its reve	nue statement and balance sheet works
	of art, historical treasures, or other similar assets held for pub-	ic exhibition, education	on, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial st		
b	If the organization elected, as permitted under FASB ASC 958, t art, historical treasures, or other similar assets held for public exh		
	provide the following amounts relating to these items:	iibilion, education, or i	esearch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treations		
2			ai assets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 re		> 0
a b	Revenue included on Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
	Acceste included in Form 550, Fall A. F.	<u> </u>	

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

Page 2 Schedule D (Form 990) 2020

Pa	rt Organizations Maintaini	ng Collections of	of Art, Histo	rical Tre	asures, o	r Other	Similar Assets (continue	d)
3	Using the organization's acquisition						<u>'</u>		
	collection items (check all that app	ly):	_	_					
а	Public exhibition		d	Loan	or exchang	e progra	m		
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collectio	ns and expl	ain how t	hey furthe	r the or	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath	ner than to be mai	ntained as pa	rt of the o	organizatio	n's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "`	Yes" on For	m 990, F	Part IV, line	e 9, or r	eported an amou	nt on For	m
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and cor	mplete the fo	llowing tab	ole:				
							Amount		
С	Beginning balance					:			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am			•			, .	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check	nere if the e	xpianation	nas been p	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "	Vas" on For	m 00∩ E	Part IV/ line	a 10			
	Complete ii the organiza	(a) Current year	(b) Pric		(c) Two year		(d) Three years back	(e) Four y	eare back
		,,		i yeai	(6) 1110 you	aro buon	(d) Tillee years back	(e) i oui y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses End of year balance								
g 2	Provide the estimated percentage	of the current yea	r and halanc	o (lino 1a	column (a)) hold as			
a	Board designated or quasi-endown		%	e (iiile 1g,	column (a)) Held as	•		
b	Permanent endowment								
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.						
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are held a	nd admir	nistered for the		
	organization by:							Υ	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations lis	ted as require	ed on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	.lipment. ation answered "	Ves" on Fo	m 99∩ I	Part IV/ lin	9 د11 م	See Form 990 Pa	art X line	10
	Description of property	(a) Cost	or other basis		or other basis			d) Book valu	
		(inv	estment)	(0	ther)	depr	eciation		
_	Land								
b	Buildings					-			
C	Leasehold improvements				85,231.	-	70,075.	1	5,156.
d	Equipment				05,431.	-	70,075.		J, 130.
E Tota	Other		orm QQ∩ Dorf	Y colum	n (R) line 1	Oc)		1	5,156.
· Ola	/ www inico ia tiliougil 16. (Colullii	i (a) musi eyual FC	nni oso, rait	A, COIGITII	ו שוווו <i>, נש</i> ן י	JU./			-, ± J U •

Page 3 Schedule D (Form 990) 2020

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.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
(3) Other _	• •			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
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.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
rarrix		l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X	. line 15.
		scription		Book value
(1)	.,	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) i	line 15.)	>	
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990,	Part X,
1.	(a) Descrip	tion of liability	(b) E	Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		•	
2 Liability for	or uncertain tay positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that renor	te the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 0E1270 1.000 6673QQ 702V 9/1/2021 12:03:49 PM V 20-6.5F

PAGE 30

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	13,942,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		90,466.
е	Add lines 2a through 2d	2e 3	13,851,900.
3	Subtract line 2e from line 1	3	13/031/3001
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,851,900.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	14,486,478.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	2e	134,323.
e	Add lines 2a through 2d	3	14,352,155.
3 4	Subtract line 2e from line 1		
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	14,352,155.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

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 2017.

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, 2020. 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 EXPENSE.

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

name of the organization						Employer identifica	don number
GOOD PLUS FOUNDATION, INC.						31-17770	82
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	/ernments. Cor	nplete if the organi	zation answered "\	es" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	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)		1,751,666.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) RIVER FUND NEW YORK, INC.							
89-11 LEFFERTS BLVD RICHMOND HILL, NY 11419	11-3450363	501(C)(3)		1,230,581.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) WORLD VISION							
P.O. BOX 9716 MS 216 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)		876,334.	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)		850,236.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) MLK JR. LOS ANGELES HEALTHCARE CORPORATION							
1680 E 120TH ST LOS ANGELES, CA 90059	27-4658935	501(C)(3)		735,208.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) CHILDREN'S INSTITUTE, INC.							
2121 W. TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	14,000.	549,098.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) EISNER PEDIATRIC & FAMILY MEDICAL CENTER							
1530 S OLIVE ST LOS ANGELES, CA 90015	95-1690966	501(C)(3)	7,000.	384,521.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) SCO FAMILY OF SERVICES							
1 ALEXANDER PLACE GLEN COVE, NY 11542	11-2777066	501(C)(3)	13,000.	322,982.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) THE LEGACY CENTER							
1633 CENTRE ST RIDGEWOOD, NY 11385	27-1033434	501(C)(3)		292,827.	FMV	HOUSEHOLD GOODS	SEE PART IV
(10) SHELTERING ARMS							
305 7TH AVENUE NEW YORK, NY 10001	13-3709095	501(C)(3)	7,000.	238,235.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) LOS ANGELES CITY COUNCIL							
200 N. SPRING STREET LOS ANGELES, CA 90012	95-6000735	CITY AGENCY		187,411.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) WORLD HARVEST LA							
3100 VENICE BLVD LOS ANGELES, CA 90019	39-2064653	501(C)(3)		185,737.	FMV	HOUSEHOLD GOODS	SEE PART IV
2 Enter total number of section 501(c)(3) and	government (organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations list	ted in the line	1 table					

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

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

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

GOOD PLUS FOUNDATION, INC. 31-1777082 **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 No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) NIDO DE ESPERANZA 4111 BROADWAY NEW YORK, NY 10033 82-5510616 501(C)(3) 7,000. 185,613. FMV HOUSEHOLD GOODS SEE PART IV (2) NATIONAL FOOTBALL MUSEUM 2121 GEORGE HALAS DR. NW CANTON, OH 44708 34-0898576 501(C)(3) 180,870. FMV HOUSEHOLD GOODS SEE PART IV (3) LOS ANGELES COUNTY DEPT. OF PH & CFS 600 S COMMNWEALTH AVE LOS ANGELES, CA 90005 95-6000927 COUNTY AGENCY 152,428. FMV HOUSEHOLD GOODS SEE PART IV (4) WOMEN'S HOUSING AND ECONOMIC DEV. CORP. 50 E. 168TH STREET BRONX, NY 10452 11-3099604 501(C)(3) 14,000. 143,082. HOUSEHOLD GOODS SEE PART IV (5) EL NIDO FAMILY CENTERS 10200 SEPLVEDA BLVD MISSION HILLS, CA 91345 95-3186429 501(C)(3) 14,000. 136,785. HOUSEHOLD GOODS SEE PART IV (6) PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET NEW YORK, NY 10013 13-5669201 501(C)(3) 14,000. 127,025. HOUSEHOLD GOODS SEE PART IV (7) UNITED STATES CATHOLIC CONFERENCE 333 E 115TH STREET NEW YORK, NY 10029 13-2867881 501(C)(3) 126,548. HOUSEHOLD GOODS SEE PART IV (8) PENNY LANE CENTERS 15305 RAYEN ST NORTH HILLS, CA 91343 95-2633765 501(C)(3) 7,000 125,146. FMV HOUSEHOLD GOODS SEE PART IV (9) HIGHLAND PARK COMMUNITY DEVELOPMENT CORP. 2730 ATLANTIC AVENUE BROOKLYN, NY 11207 11-3462888 501(C)(3) 123,254. HOUSEHOLD GOODS SEE PART IV (10) DIGNITY & POWER NOW 3655 SOUTH GRAND AVE LOS ANGELES, CA 90007 46-3064675 501(C)(3) 102,647. FMV HOUSEHOLD GOODS SEE PART IV (11) STRIVE INTERNATIONAL, INC. 240 EAST 123RD ST, NEW YORK, NY 10035 13-3255679 501(C)(3) 7,000. 96,513. FMV HOUSEHOLD GOODS SEE PART IV (12) FUND FOR PUBLIC SCHOOLS 52 CHAMBERS STREET, NEW YORK, NY 10007 11-2656137 | 501(C)(3) HOUSEHOLD GOODS SEE PART IV

JSA

0E1288 1.000

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

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

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** GOOD PLUS FOUNDATION, INC. 31-1777082 **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 No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) IRC section (d) Amount of cash (e) Amount of non-1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government (1) HOMEBOY INDUSTRIES 130 W. BRUNO STREET LOS ANGELES, CA 90012 95-4800735 501(C)(3) 14,000. 83,691. FMV HOUSEHOLD GOODS SEE PART IV (2) UNIVERSITY HEIGHTS ED. & CULT. DEV. COMM. 5 BLUE SLIP, 2I MS. BROOKLYN, NY 11222 13-4017676 501(C)(3) 81,775. HOUSEHOLD GOODS SEE PART IV (3) SAFE HORIZON, INC. 7,000. 2 LAFAYETTE STREET, NEW YORK, NY 10007 13-2946970 501(C)(3) 76,748. FMV HOUSEHOLD GOODS SEE PART IV (4) LENOX HILL NEIGHBORHOOD HOUSE, INC. 331 E. 70TH STREET NEW YORK, NY 10021 13-1628180 501(C)(3) 70,999. HOUSEHOLD GOODS SEE PART IV (5) NEW YORK FOUNDLING HOSPITAL 590 AVENUE OF AMERICAS NEW YORK, NY 10011 13-1624123 501(C)(3) 7,000. 65,033. HOUSEHOLD GOODS SEE PART IV (6) LIFT 1620 I STREET NW WASHINGTON, DC 20006 52-2168409 501(C)(3) 11,000. 63,519. HOUSEHOLD GOODS SEE PART IV (7) NYC ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET NEW YORK, NY 10038 13-6400434 CITY AGENCY 61,639. HOUSEHOLD GOODS SEE PART IV (8) FRIENDS OUTSIDE LOS ANGELES COUNTY 261 E COLORADO BLVD PASADENA, CA 91101 95-3557032 501(C)(3) 10,000. 59,387. HOUSEHOLD GOODS SEE PART IV (9) ST. ANNE'S 155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026 95-1691306 501(C)(3) 7,000 59,275. HOUSEHOLD GOODS SEE PART IV (10) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467 13-1740114 501(C)(3) 55,332. HOUSEHOLD GOODS SEE PART IV (11) CITY UNIVERSITY OF NY - LAGUARDIA COLLEGE 11-2644089 STATE-FUNDED CO 12,000. 3110 THOMSON AVE LONG ISLAND CITY, NY 11101 54,393. FMV HOUSEHOLD GOODS SEE PART IV (12) FORESTDALE, INC. 6735 112TH STREET FOREST HILLS, NY 11375 11-1631747 | 501(C)(3) 7,000. 53,977. FMV HOUSEHOLD GOODS SEE PART IV

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

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

OMB No. 1545-0047
20**20**

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

GOOD PLUS FOUNDATION, INC.					31-17770	31-1777082	
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	æ?					X Yes No
Part IV, line 21, for any recipient to		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NY CITY HEALTH AND HOSPITALS CORPORATION							
160 WATER STREET, NEW YORK, NY 10038	13-2655001	501(C)(3)		52,804.	FMV	HOUSEHOLD GOODS	SEE PART IV
(2) SPIRITT FAMILY SERVICES							
8000 PAINTER AVE WHITTIER, CA 90602	95-2852683	501(C)(3)	3,000.	51,047.	FMV	HOUSEHOLD GOODS	SEE PART IV
(3) STAR VIEW CHILDREN & FAMILY SERVICES, INC.							
1501 HUGHES WAY LONG BEACH, CA 90810	94-3238299	501(C)(3)	4,000.	51,003.	FMV	HOUSEHOLD GOODS	SEE PART IV
(4) SHARE OUR SPARE							
935 W CHESNUT, LL13 CHICAGO, IL 60642	45-2773364	501(C)(3)		50,526.	FMV	HOUSEHOLD GOODS	SEE PART IV
(5) THE CHILD CENTER OF NY, INC.							
6002 QUEENS BLVD. WOODSIDE, NY 11377	11-1733454	501(C)(3)	7,000.	49,021.	FMV	HOUSEHOLD GOODS	SEE PART IV
(6) HEALTHRIGHT 360							
1563 MISSION STREET SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)		44,299.	FMV	HOUSEHOLD GOODS	SEE PART IV
(7) COMM. PARTNERS - 3FN FAITH FOSTER FAMILIES							
1000 N. ALAMEDA ST LOS ANGELES, CA 90012	95-4302067	501(C)(3)		40,604.	FMV	HOUSEHOLD GOODS	SEE PART IV
(8) SHIELDS FOR FAMILIES							
P.O. BOX 59129 LOS ANGELES, CA 90059	95-4336420	501(C)(3)	14,000.	32,845.	FMV	HOUSEHOLD GOODS	SEE PART IV
(9) CHILDREN MENDING HEARTS							
4100 W ALAMEDA AVE TOLUKA LAKE, CA 91505	26-4131176	501(C)(3)		32,587.	FMV	HOUSEHOLD GOODS	SEE PART IV
(10) FUND FOR THE CITY OF NY							
121 AVE OF THE AMERICAS NEW YORK, NY 10013	13-2612524	501(C)(3)	7,000.	31,149.	FMV	HOUSEHOLD GOODS	SEE PART IV
(11) SEEDCO - STRUCTURED EMPL. ECONOMIC DEV CORP							
22 CORTLANDT STREET NEW YORK, NY 10007	13-2875743	501(C)(3)	3,000.	28,923.	FMV	HOUSEHOLD GOODS	SEE PART IV
(12) VISITING NURSE SERVICE OF NEW YORK							
5 PENN PLAZA 12TH FLOOR NEW YORK, NY 10001	13-3189926	501(C)(3)		27,136.	FMV	HOUSEHOLD GOODS	SEE PART IV
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		· >	·
3 Enter total number of other organizations lie	tad in the line	1 table				_	

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

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

OMB No. 1545-0047
20**20**

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

the selection criteria used to award the grants or assistance? **.*** ********* ********* *********	Name of the organization En						Employer identificat	Employer identification number		
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? Part III expected the part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III expected in Part IV the organization procedures for monitoring the use of grant funds in the United States. Part III (a) Name and address of organization or grantiation or 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 governments. (b) EIN (b) EIN (c) END (c) Amount of ceah additional space is needed. (c) Amount of ceah additional space is needed. (d) Manual of ceah additional space is needed. (e) Amount of ceah additional space is needed. (f) LOS AMBRILLES VALLEY COLLINOR (g) DESCRIPTION AND AUGUST COLLINOR (g) VERICE FUNDING AND AUGUST COLLINOR (g) VERICE FUNDING AND AUGUST COLLINOR (g) VERICE FUNDING AND AUGUST COLINOR (g) VERICE FUNDING	GOOD PLUS FOUNDATION, INC.							32		
No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 1990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Telephone	Part I General Information on Grants and Assistance									
1 (a) Name and address of organization or government (b) EIN (d) Amount of cash (d) Amount of cash (e) Amount of non-cash assistance (e) Amou	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?									
(1) LOS ANGELES VALLEY COLLEGE \$800 FULTON NAVE VALLEY GLEN, CA 91401 23-7349231 501(C)(3) 7,000. 26,488. PMV HOUSEHOLD GOODS SEE PART IV (2) ALTAMED HEALTH SERVICES CORP. 2040 CAMPIALD AVENUE LOS ANDELES, CA 90040 (3) VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291 95-2769432 501(C)(3) 7,000. 25,434. PMV HOUSEHOLD GOODS SEE PART IV (4) RECORLIN HOSPITAL CENTER 255 DUFFIELD ST, FL 3 BROCKLYN, NY 11201 11-1630755 501(C)(3) 7,000. 25,434. PMV HOUSEHOLD GOODS SEE PART IV (5) ONGENERATION 17400 VICTORY BLUD 18255 RESEDA, CA 91335 95-4066979 501(C)(3) 7,000. 23,386. PMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 EAST 103HD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 7,000. 23,386. PMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 16 ONE STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. PMV HOUSEHOLD GOODS SEE PART IV (8) INSTIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-6535108 501(C)(3) 17,323. PMV HOUSEHOLD GOODS SEE PART IV (9) KLPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 12,941. PMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUBSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. PMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOLD DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-601908 0V'T AGENCY 9,817. PMV HOUSEHOLD GOODS SEE PART IV	Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	pe duplicated if	additional space is r	needed.			
\$800 FULTON AVE VALLEY GLEN, CA 91401 23-7349231 \$01(C)(3) 7,000. 26,488. FMV HOUSEHOLD GOODS SEE PART IV (2) ALTAMED HEALTH SERVICES CORP. 2040 CAMPIELD AVENUE LOS ANGELES, CA 90040 95-2810095 \$01(C)(3) 7,000. 26,376. FMV HOUSEHOLD GOODS SEE PART IV (3) VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291 95-2769432 \$01(C)(3) 7,000. 25,434. FMV HOUSEHOLD GOODS SEE PART IV (4) BROOKLIN HOSPITAL CENTER 255 DUFFIELD ST, FL 3 BROOKLIN, NY 11201 11-1630755 \$01(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (5) OMEGENERATION 17400 VICTORY BIND. 18255 RESEDA, CA 91335 95-4066979 \$01(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 RAST 103RD STREET NEW YORK, NY 10029 13-373859 \$01(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 \$01(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADMAY 1017 FLOOR NEW YORK, NY 10036 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADMAY 1017 FLOOR NEW YORK, NY 10036 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 33 31 HUBON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV 121 LOS ANGELES UNTFIELD SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,617. FMV HOUSEHOLD GOODS SEE PART IV		(b) EIN	(c) IRC section (if applicable)			(f) Method of valuation (book, FMV, appraisal, other)				
(2) ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE LOS ANGELES, CA 90040 95-281095 501(C)(3) 7,000. 26,376. PMV HOUSEHOLD GOODS SEE PART IV (3) VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291 95-2769432 501(C)(3) 7,000. 25,434. PMV HOUSEHOLD GOODS SEE PART IV (4) BROOKLYN HOSPITAL CENTER 255 DIFFIELD ST, FL 3 BROOKLYN, NY 11201 11-1630755 501(C)(3) 7,000. 25,434. PMV HOUSEHOLD GOODS SEE PART IV (5) ORGERERRATION 17400 VICTORY BLUY. 18255 RESEDA, CA 91335 95-4066979 501(C)(3) 7,000. 23,386. PMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 7,000. 23,386. PMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. PMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. PWV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADMAY 10TH FLOOR NEW YORK, NY 10036 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 11,458. PWV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 11,615. PWV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUBSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 501(C)(3) 11,615. PWV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAULPY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. PWV HOUSEHOLD GOODS SEE PART IV	(1) LOS ANGELES VALLEY COLLEGE									
2040 CAMFIELD AVENUE LOS ANGELES, CA 90040 95-2810095 501(C)(3) 7,000. 26,376. PMV HOUSEHOLD GOODS SEE PART IV (3) VENICE FAMILY CLINIC	5800 FULTON AVE VALLEY GLEN, CA 91401	23-7349231	501(C)(3)	7,000.	26,488.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(3) VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291 95-2769432 501(C)(3) 7,000. 25,434. FMV HOUSEHOLD GOODS SEE PART IV (4) BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST, FL 3 BROOKLYN, NY 11201 11-1630755 501(C)(3) 25,332. FMV HOUSEHOLD GOODS SEE PART IV (5) ONEGENERATION 17400 VICTORY BLVD. 18255 RESEDA, CA 91335 (6) THE EAST HARLEN SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEN SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10038 11-3738559 501(C)(3) 51-0419496 5	(2) ALTAMED HEALTH SERVICES CORP.									
604 ROSE AVE VENICE, CA 90291 95-2769432 501(C)(3) 7,000. 25,434. FMV HOUSEHOLD GOODS SEE PART IV 46 BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST, FL 3 BROOKLYN, NY 11011 11-163075 501(C)(3) 25,332. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 399 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUSDON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNLFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 50V'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	2040 CAMFIELD AVENUE LOS ANGELES, CA 90040	95-2810095	501(C)(3)	7,000.	26,376.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(4) BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST, FL 3 BROOKLYN, NY 11201 11-1630755 501(C)(3) 25,332. FMV HOUSEHOLD GOODS SEE PART IV (5) ONEGENBRATION 17400 VICTORY BLVD. 18255 RESEDA, CA 91335 95-4066979 501(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP INC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 1504 FOODMAY 10TH FLOOR NEW YORK, NY 10036 1505 FOODMAY 10TH	(3) VENICE FAMILY CLINIC									
255 DUFFIELD ST, FL 3 BROOKLYN, NY 11201 11-1630755 501(C)(3) 25,332. FMV HOUSEHOLD GOODS SEE PART IV (5) ONEGENERATION 17400 VICTORY BLVD. 18255 RESEDA, CA 91335 95-4066979 501(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	7,000.	25,434.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(5) ONEGENERATION 17400 VICTORY BLVD. 18255 RESEDA, CA 91335 95-4066979 95-406979 95-406979 95-406979 95-406	(4) BROOKLYN HOSPITAL CENTER									
17400 VICTORY BLVD. 18255 RESEDA, CA 91335 95-4066979 501(C)(3) 7,000. 23,386. FMV HOUSEHOLD GOODS SEE PART IV (6) THE EAST HARLEM SCHOOL 309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S GOEDN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-601908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	255 DUFFIELD ST, FL 3 BROOKLYN, NY 11201	11-1630755	501(C)(3)		25,332.	FMV	HOUSEHOLD GOODS	SEE PART IV		
GE THE EAST HARLEM SCHOOL 13-3738559 501(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV	(5) ONEGENERATION									
309 EAST 103RD STREET NEW YORK, NY 10029 13-3738559 501(C)(3) 23,026. FMV HOUSEHOLD GOODS SEE PART IV (7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 1333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 9,817. FMV HOUSEHOLD GOODS SEE PART IV	17400 VICTORY BLVD. 18255 RESEDA, CA 91335	95-4066979	501(C)(3)	7,000.	23,386.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(7) CENTER FOR FAMILY REPRESENTATION 116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(6) THE EAST HARLEM SCHOOL									
116 JOHN STREET NEW YORK, NY 10038 51-0419496 501(C)(3) 6,000. 20,256. FMV HOUSEHOLD GOODS SEE PART IV (8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 9,817. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	309 EAST 103RD STREET NEW YORK, NY 10029	13-3738559	501(C)(3)		23,026.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(8) INSPIRATIONAL TRIATHLON RACING INT. CORP P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(7) CENTER FOR FAMILY REPRESENTATION									
P.O. BOX 567 EAST HAMPTON, NY 11937 90-0635108 501(C)(3) 17,323. FMV HOUSEHOLD GOODS SEE PART IV (9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	116 JOHN STREET NEW YORK, NY 10038	51-0419496	501(C)(3)	6,000.	20,256.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(9) KIPP NYC INC. 1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(8) INSPIRATIONAL TRIATHLON RACING INT. CORP									
1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036 20-3971209 501(C)(3) 14,358. FMV HOUSEHOLD GOODS SEE PART IV (10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	P.O. BOX 567 EAST HAMPTON, NY 11937	90-0635108	501(C)(3)		17,323.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(10) D.A.D. PROJECT 1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(9) KIPP NYC INC.									
1547 S OGDEN DR LOS ANGELES, CA 90019 81-1793087 501(C)(3) 12,941. FMV HOUSEHOLD GOODS SEE PART IV (11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036	20-3971209	501(C)(3)		14,358.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(11) EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(10) D.A.D. PROJECT									
333 HUDSON STREET NEW YORK, NY 10013 45-4102644 501(C)(3) 11,615. FMV HOUSEHOLD GOODS SEE PART IV (12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	1547 S OGDEN DR LOS ANGELES, CA 90019	81-1793087	501(C)(3)		12,941.	FMV	HOUSEHOLD GOODS	SEE PART IV		
(12) LOS ANGELES UNIFIED SCHOOL DISTRICT 121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	(11) EVERY MOTHER COUNTS									
121 N. BEAUDRY AVE. LOS ANGELES, CA 90012 95-6001908 GOV'T AGENCY 9,817. FMV HOUSEHOLD GOODS SEE PART IV	333 HUDSON STREET NEW YORK, NY 10013	45-4102644	501(C)(3)		11,615.	FMV	HOUSEHOLD GOODS	SEE PART IV		
	(12) LOS ANGELES UNIFIED SCHOOL DISTRICT									
	121 N. BEAUDRY AVE. LOS ANGELES, CA 90012	95-6001908	GOV'T AGENCY		9,817.	FMV	HOUSEHOLD GOODS	SEE PART IV		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		_	•							

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection **Employer identification number** Name of the organization GOOD PLUS FOUNDATION, INC. 31-1777082 **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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) KNOCK KNOCK GIVE A SOCK 60 STANFORD AVE WEST ORANGE, NJ 07052 47-2835516 501(C)(3) 8,835. FMV HOUSEHOLD GOODS SEE PART IV (2) UTEC 15 WARREN STREET, NO. 3 LOWELL, MA 01852 38-3669532 501(C)(3) 7,725. HOUSEHOLD GOODS SEE PART IV (3) DEL AIRE BAPTIST CHURCH - THRIVING DADS 4951 W 119TH PL HAWTHORNE, CA 90250 95-6150291 501(C)(3) 7,627. HOUSEHOLD GOODS SEE PART IV (4) CENTER FOR URBAN FAMILIES 52-2142708 501(C)(3) 50,000. 2201 N MONROE ST BALTIMORE, MD 21217 1,850. HOUSEHOLD GOODS SEE PART IV (5) (6) (7) (8) (9) (10)(11)(12)64.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

art 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.

Schedule I (Form 990) (2020)

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
.					
i					

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 I (Form 990) (2020)

SCHEDULE J (Form 990)

Compensation InformationFor 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 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Manus Cale bear and Park Annual back of a Palatha annual and Cale Cale and a Palatha annual and a second and a Palatha annual annual and a Palatha annual and a Palatha annual and a Palatha annual and a Palatha annual an			
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	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/c)/(2) 504/c)/(4) and 504/c)/(20) argonizations must complete lines 5.0			
-	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:			
_	,	5a		Х
a b	The organization?	5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
~	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.	7		X
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
KATHERINE E. SNIDER	(i)	211,058.	40,000.	0.	6,365.	19,597.	277,020.	0.	
1 ^{CHIEF} EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
LAUREL P. WEST	(i)	137,660.	12,000.	0.	4,350.	19,597.	173,607.	0.	
2 ^{CHIEF PRGRM & OPERATIONS OFF.}	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
_ 7	(ii)								
	(i)								
_ 8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
44	(i)								
14	(ii)								
45	(i) (ii)								
15	(i)								
40	(ii)								
16	(11)							<u> </u>	

Schedule J (Form 990) 2020 Page 3

Part | 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 EXECUTIVE DIRECTOR EACH YEAR. THE BOARD VOTES ON THE

SALARY OF THE EXECUTIVE DIRECTOR 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 EXECUTIVE

DIRECTOR'S SALARY, THE BOARD COMPARES AGAINST COMPARABLES. THE EXECUTIVE

DIRECTOR DOES THE SAME IN DETERMINING HER STAFF'S SALARIES.

SCHEDULE M (Form 990)

Noncash Contributions

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

31-1777082

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GOOD PLUS FOUNDATION, INC.

Attach to Form 990.

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

Name of the organization Employer identification number

Types of Property (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 10,150,101. COMPARATIVE VALUE 6 Cars and other vehicles 7 Boats and planes Intellectual property Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 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 X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Suppleme

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) (2020)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 31–1777082

GOOD PLUS FOUNDATION, INC.

FORM 990, PART I, LINE 1:

FOUNDED IN 2001 BY JESSICA SEINFELD, GOOD+FOUNDATION IS A LEADING NATIONAL NONPROFIT 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 2020, WE SERVED 403,678 FAMILIES THROUGH OUR REGULAR NETWORK PARTNERS AND COVID CRISIS RESPONSE PARTNERS. THIS INCLUDED 566,221 CHILDREN, 431,957 MOTHERS, AND 286,911 FATHERS.

FORM 990, PART III, LINE 4D:

CRISIS INTERVENTION/COVID-19 CRISIS RESPONSE - THE GLOBAL PANDEMIC
IMPACTED GOOD+ FAMILIES SWIFTLY AND MERCILESSLY, AND WE NEEDED TO BE
INNOVATIVE AND EXPANSIVE IN OUR RESPONSES. BECAUSE OF LACK OF INVENTORY
AND SUPPLY CHAIN DISRUPTION, DIAPER REQUESTS SKYROCKETED. GOOD+FOUNDATION
DONATED 4,592,006 DIAPERS IN 2020 TO PROGRAM PARTNERS ACROSS THE COUNTRY,
AN INCREASE OF 273% COMPARED TO 2019. WE COLLECTED AND DISTRIBUTED
130,387 PPE ITEMS, INCLUDING MASKS IN ADULT AND CHILDREN SIZES, CLEANING
PRODUCTS, AND HAND SANITIZERS. WE ALSO DISTRIBUTED 1,320,968 BATH,
HEALTH, AND HYGIENE PRODUCTS, 108,147 PACKS OF WIPES, 85,197 PACKAGES OF
BABY FOOD AND FORMULA, AND 65,768 BACKPACKS AND SCHOOL SUPPLIES FOR
CHILDREN ENGAGED IN REMOTE LEARNING.

IN ADDITION TO DRAMATICALLY SCALING UP OUR PRODUCT DONATIONS TO FAMILIES IMPACTED BY THE COVID CRISIS, WE ALSO LAUNCHED OUR FIRST EVER FINANCIAL

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number
31-1777082

GRANTMAKING PROGRAM IN 2020. WE ADMINISTERED TWO ROUNDS OF EMERGENCY CASH GRANTS TOTALING \$265,000 TO 42 PARTNER ORGANIZATIONS SERVICING OVER 2,700 FAMILIES. THESE GRANTS HELPED PARENTS PAY RENT AND UTILITIES, COVER GROCERIES AND GAS, AND PURCHASE PHONE MINUTES/DATA FOR ONLINE SCHOOLING. 74% OF GRANT FUNDS WERE USED TO PROVIDE GIFT CARDS TO FAMILIES TO

PURCHASE ESSENTIAL ITEMS INCLUDING FOOD AND SUPPLIES.

PROGRAM EXPENSES: \$1,516,157

GRANTS: \$1,341,335

PROGRAM REVENUE: \$ 0

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBER ARI SHALAM AND BOARD MEMBER, FOUNDER & PRESIDENT JESSICA SEINFELD HAVE A FAMILY RELATIONSHIP.

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 COMPLETED FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE & ADMINISTRATION AND THEN SENT TO THE ORGANIZATION'S

PRESIDENT, SECRETARY, TREASURER, AND AUDIT AND FINANCE COMMITTEE FOR FINAL REVIEW. THE TREASURER 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 WITH THE BOARD AT THAT MEETING. BOARD MEMBERS ARE INVITED TO ASK QUESTIONS AT THE MEETING AND/OR DISCUSS POTENTIAL CONFLICTS WITH THE SECRETARY AND/OR EXECUTIVE DIRECTOR FOLLOWING THE MEETING. ALL DIRECTORS MUST COMPLETE AND SIGN THE DISCLOSURE STATEMENT AND SEND IT TO THE EXECUTIVE DIRECTOR WITHIN A MONTH OF THE MEETING.

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

THE HR COMMITTEE OF THE BOARD REVIEWS THE SALARY AND PERFORMANCE OF THE EXECUTIVE DIRECTOR EACH YEAR. THE BOARD VOTES ON THE SALARY OF THE EXECUTIVE DIRECTOR 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 EXECUTIVE DIRECTOR'S SALARY, THE BOARD COMPARES AGAINST COMPARABLES. THE EXECUTIVE DIRECTOR 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 2001 CAN BE FOUND ON ITS WEBSITE. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020 Page **2**

Name of the organization
GOOD PLUS FOUNDATION, INC.

Employer identification number
31-1777082

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 2001 BY JESSICA SEINFELD, GOOD+FOUNDATION IS A LEADING
NATIONAL NONPROFIT 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. THE ORGANIZATION PARTNERS WITH A NATIONAL NETWORK
OF SOCIAL SERVICE PROGRAMS IN UNDERSERVED COMMUNITIES TO PAIR GOODS SUCH AS CRIBS, CAR SEATS AND DIAPERS - WITH LIFE SKILLS TRAINING,
EMPLOYMENT ASSISTANCE, FINANCIAL LITERACY, CO-PARENTING CLASSES AND
MORE.

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. SINCE INCREASING ITS INVESTMENT IN

FATHERHOOD, GOOD+ HAS PROVIDED SUPPORT TO MORE THAN 30,000 FATHERS IN

CITIES INCLUDING BALTIMORE, HOUSTON, NEW YORK CITY AND LOS ANGELES.

AS A RESULT, MOTHERS ARE GETTING MORE SUPPORT, CHILDREN ARE GETTING

GREATER ACCESS TO THEIR FATHERS AND MEN ARE LEARNING HOW TO BECOME

THE DADS THEY WANT TO BE.

GOOD+FOUNDATION HAS OFFICES AND WAREHOUSES IN NEW YORK CITY AND LOS ANGELES. IN 2020, 92 PERCENT OF EXPENSES WENT DIRECTLY BACK INTO

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization $\label{eq:condition} \mbox{GOOD PLUS FOUNDATION, INC.}$

Employer identification number

31-1777082 ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GOOD+ PROGRAMS. THE ORGANIZATION HAS EARNED EIGHT CONSECUTIVE 4-STAR RATINGS ON CHARITY NAVIGATOR - THE HIGHEST RATING POSSIBLE - AS WELL AS A GUIDESTAR PLATINUM SEAL OF TRANSPARENCY AND ACCREDITATION BY THE BETTER BUSINESS BUREAU'S WISE GIVING ALLIANCE FOR TRANSPARENCY, EFFICIENCY AND OPERATIONS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, 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 6,918,434 ITEMS WORTH OVER \$10.7 MILLION IN 2020. THIS IS AN ALL-TIME HIGH FOR THE ORGANIZATION. IN TOTAL, GOOD+FOUNDATION MET 98.67% OF THE 5,328 REQUESTS FOR CRITICAL CHILDREN'S GEAR FOR THE YEAR WHICH INCLUDED STROLLERS, CAR SEATS, BREAST PUMPS, AND INFANT FRONT CARRIERS. THE GOAL 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. IN 2020 GOOD+FOUNDATION DONATED TO 123 GRANTEE PARTNERS IN LA, NY, AND ACROSS THE COUNTRY.

ATTACHMENT 3

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number 31-1777082

ATTACHMENT 3 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

FATHERHOOD/DADS - IN 2020, WE SCALED UP OUR TRAINING EFFORTS AND OFFICIALLY LAUNCHED THE GOOD+ TRAINING ACADEMY, WHICH PROVIDES VIRTUAL AND/OR IN-PERSON TRAINING, TECHNICAL ASSISTANCE, AND CAPACITY BUILDING TO TRANSFORM SOCIAL SERVICES SYSTEMS AND INCORPORATE FATHER-INCLUSIVE APPROACHES. WE PARTNERED WITH THE LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICE TO TRAIN NEW SOCIAL WORKERS AND OTHER DCFS EMPLOYEES AND HOPE TO SCALE THIS PROGRAM IN 2021. GOOD+ TRAINED A TOTAL OF 3,997 PEOPLE (SOCIAL WORKERS, NURSE HOME VISITORS, CASEWORKERS) FOR A TOTAL OF 17,768 HOURS IN 2020, THROUGH THE GOOD+ TRAINING ACADEMY. THAT IS A 57% INCREASE IN THE NUMBER OF PEOPLE TRAINED AND 78% IN THE TOTAL NUMBER OF TRAINING HOURS, COMPARED TO OUR INITIAL TRAINING YEAR OF 2019. WE ALSO WORK WITH GRANTEE PARTNERS IN BOTH NEW YORK AND LOS ANGELES TO PROVIDE ESSENTIAL GOODS TO FATHERS AND THEIR FAMILIES.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AR, CA, CT,

FL, GA, HI, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA,

RI, SC, TN, TX, UT, VA, WV, WI,