

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (GOOD PLUS FOUNDATION, INC.), address (306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018), principal officer (KATHERINE E. SNIDER), and identification numbers.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense details.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (KATHERINE E. SNIDER), preparer name (MARY JANE PIERONI), date (09/08/2021), and firm information (BDO USA, LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No

[ ] Yes [X] No

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

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

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 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

4c (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.

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

(Expenses \$ 1,516,157. including grants of \$ 1,341,335. ) (Revenue \$ 0. )

4e Total program service expenses 13,280,913.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15) STEFANI GREENFIELD<br>-----<br>DIRECTOR (THRU 11/20)               | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 16) MARY KITCHEN<br>-----<br>DIRECTOR                                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 17) JENNIFER KOEN<br>-----<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 18) KARA MOORE<br>-----<br>DIRECTOR                                    | 2.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 19) MICHAEL NISSAN<br>-----<br>DIRECTOR                                | 3.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 20) ARI SHALAM<br>-----<br>DIRECTOR (THRU 11/20)                       | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 21) BARA TISCH<br>-----<br>DIRECTOR                                    | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 22) CONNIE VERDUCCI<br>-----<br>DIRECTOR                               | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 23) ALI WENTWORTH<br>-----<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 24) JASON WILLIAMS<br>-----<br>DIRECTOR                                | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 490,796. | 0.   | 58,827.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 490,796. | 0.   | 58,827.   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |   |  |               | (A)            | (B)  | (C)                        | (D)  |  |  |
|---|---|--|---------------|----------------|--|----------------------------|--|--|--|
|   |   |  |               | Total revenue  | Related or exempt function revenue               | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |  |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .  | <b>1a</b>     |                |  |                            |  |  |  |
|   | <b>b</b>  | Membership dues . . . . .  | <b>1b</b>     |                |  |                            |  |  |  |
|   | <b>c</b>  | Fundraising events . . . . .   | <b>1c</b>     |                |  |                            |  |  |  |
|   | <b>d</b>  | Related organizations . . . . .  | <b>1d</b>     |                |  |                            |  |  |  |
|   | <b>e</b>  | Government grants (contributions) . .  | <b>1e</b>     |                |  |                            |  |  |  |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above .   | <b>1f</b>     | 13,809,890.    |  |                            |  |  |  |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f. . . . .   | <b>1g</b>     | \$ 10,150,101. |  |                            |  |  |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |               |                | 13,809,890.                                      |                            |  |  |  |
| <b>Program Service Revenue</b>                                | <b>2a</b>   | _____  | Business Code |                |  |                            |  |  |  |
|   | <b>b</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>c</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>d</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>e</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>f</b>  | All other program service revenue . . . . .  |               |                |  |                            |  |  |  |
|   | <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |               |                | 0.   |                            |  |  |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts). . . . . ▶  |               |                | 75,912.  |                            | 75,912.  |  |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . ▶   |               |                | 0.   |                            |  |  |  |
|   | <b>5</b>  | Royalties . . . . . ▶  |               |                | 0.   |                            |  |  |  |
|   | <b>6a</b>   | Gross rents . . . . .  | <b>6a</b>     | (i) Real       | (ii) Personal                                    |                            |  |  |  |
|   |   |  |               | <b>b</b>       | Less: rental expenses                            | <b>6b</b>                  |  |  |  |
|   |   |  |               | <b>c</b>       | Rental income or (loss)                          | <b>6c</b>                  |  |  |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . . ▶  |               |                |  | 0.                         |  |  |  |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory   | <b>7a</b>     | (i) Securities | (ii) Other                                       |                            |  |  |  |
|   |   |  |               | <b>b</b>       | Less: cost or other basis and sales expenses . . | <b>7b</b>                  | 3,368,026.                                       |  |  |
|   |   |  |               | <b>c</b>       | Gain or (loss) . . . . .                         | <b>7c</b>                  | 3,401,928.                                       |  |  |
|   | <b>d</b>  | Net gain or (loss) . . . . . ▶   |               |                |  | -33,902.                   |  |  |  |
|   | <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>     |                | 0.   |                            |  |  |  |
|   | <b>b</b>  | Less: direct expenses . . . . .  | <b>8b</b>     |                | 0.   |                            |  |  |  |
|   | <b>c</b>  | Net income or (loss) from fundraising events. . . . . ▶  |               |                | 0.   |                            |  |  |  |
|   | <b>9a</b>   | Gross income from gaming activities. See Part IV, line 19 . . . . .  | <b>9a</b>     |                | 0.   |                            |  |  |  |
| <b>b</b>  | Less: direct expenses . . . . .                                 | <b>9b</b>  |               | 0.             |  |                            |  |  |  |
| <b>c</b>  | Net income or (loss) from gaming activities. . . . . ▶          |  |               | 0.             |  |                            |  |  |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . . | <b>10a</b>   |               | 0.             |  |                            |  |  |  |
| <b>b</b>  | Less: cost of goods sold . . . . .                              | <b>10b</b>   |               | 0.             |  |                            |  |  |  |
| <b>c</b>  | Net income or (loss) from sales of inventory. . . . . ▶         |  |               | 0.             |  |                            |  |  |  |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | _____  | Business Code |                |  |                            |  |  |  |
|   | <b>b</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>c</b>  | _____  |               |                |  |                            |  |  |  |
|   | <b>d</b>  | All other revenue . . . . .  |               |                |  |                            |  |  |  |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶  |               |                | 0.   |                            |  |  |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶              |  |               |                | 13,851,900.                                      |                            | 42,010.  |  |  |

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Total functional expenses.

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 855,151.                 | <b>1</b>   | 2,092,794.         |
|   | <b>2</b> Savings and temporary cash investments. . . . .   | 43,413.                  | <b>2</b>   | 1,024.             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 0.                       | <b>3</b>   | 46,685.            |
|   | <b>4</b> Accounts receivable, net. . . . .   | 135,000.                 | <b>4</b>   | 0.                 |
|   | <b>5</b> 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.                       | <b>5</b>   | 0.                 |
|   | <b>6</b> 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.                       | <b>6</b>   | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>   | 0.                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 2,363,233.               | <b>8</b>   | 1,335,541.         |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 22,218.                  | <b>9</b>   | 24,055.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 85,231.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation. . . . .   | <b>10b</b> 70,075.       |            |                    |
|   | <b>11</b> Investments - publicly traded securities. . . . .  | 19,026.                  | <b>10c</b> | 15,156.            |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 2,909,606.               | <b>11</b>  | 2,622,977.         |
|   | <b>13</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>  | 0.                 |
|   | <b>14</b> Investments - program-related. See Part IV, line 11. . . . .   | 0.                       | <b>13</b>  | 0.                 |
|   | <b>15</b> Intangible assets . . . . .  | 30,000.                  | <b>14</b>  | 15,000.            |
| <b>16</b> Other assets. See Part IV, line 11 . . . . .                        | 23,789.  | <b>15</b>                | 25,982.    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 6,401,436.   | <b>16</b>                | 6,179,214. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses. . . . .   | 190,339.                 | <b>17</b>  | 266,114.           |
|   | <b>18</b> Grants payable . . . . .   | 0.                       | <b>18</b>  | 0.                 |
|   | <b>19</b> Deferred revenue. . . . .  | 0.                       | <b>19</b>  | 0.                 |
|   | <b>20</b> Tax-exempt bond liabilities. . . . .   | 0.                       | <b>20</b>  | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .   | 0.                       | <b>21</b>  | 0.                 |
|   | <b>22</b> 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.                       | <b>22</b>  | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>  | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .  | 0.                       | <b>24</b>  | 246,115.           |
|   | <b>25</b> 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.                       | <b>25</b>  | 0.                 |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25. . . . .  | 190,339.                 | <b>26</b>  | 512,229.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 6,085,556.               | <b>27</b>  | 5,604,114.         |
|   | <b>28</b> Net assets with donor restrictions. . . . .  | 125,541.                 | <b>28</b>  | 62,871.            |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .  |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 6,211,097.               | <b>32</b>  | 5,666,985.         |
| <b>33</b> Total liabilities and net assets/fund balances. . . . .             | 6,401,436.   | <b>33</b>                | 6,179,214. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 13,851,900. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 14,352,155. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -500,255.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 6,211,097.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -43,857.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 5,666,985.  |

**Part XII Financial Statements and Reporting**

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

JSA  
OE1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (91.66%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (90.27%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5. . . . .  |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .       |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .                          | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (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                                       | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year (optional) |
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |                |                             |
| a                                       | Average monthly value of securities  | 1a             |                             |
| b                                       | Average monthly cash balances  | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets   | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)  | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   | 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 8              |                             |
| <b>Section C - Distributable Amount</b> |  |                | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | 6              |                             |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |                |                             |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes   | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | 3            |
| 4                         | Amounts paid to acquire exempt-use assets   | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2020 from Section C, line 6  | 9            |
| 10                        | Line 8 amount divided by line 9 amount  | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>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 - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2020   |                             |  |   |
| a   | From 2015 . . . . .   |                             |  |   |
| b   | From 2016 . . . . .   |                             |  |   |
| c   | From 2017 . . . . .   |                             |  |   |
| d   | From 2018 . . . . .   |                             |  |   |
| e   | From 2019 . . . . .   |                             |  |   |
| f   | <b>Total</b> 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, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| 6   | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2016 . . . .  |                             |  |   |
| b   | Excess from 2017 . . . .  |                             |  |   |
| c   | Excess from 2018 . . . .  |                             |  |   |
| d   | Excess from 2019 . . . .  |                             |  |   |
| e   | Excess from 2020 . . . .  |                             |  |   |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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 of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |  |
|--|--|
| Name of the organization<br>GOOD PLUS FOUNDATION, INC. | Employer identification number<br>31-1777082 |
|--|--|

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 1,392,578.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 498,200.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          |                                   | \$ 490,280.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          |                                   | \$ 467,450.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          |                                   | \$ 433,766.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          |                                   | \$ 383,264.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          |                                   | \$ 347,055.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 332,860.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 9          |                                   | \$ 307,845.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 10         |                                   | \$ 307,666.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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        |
| 2                   | ADULT CLOTHING                            | \$ 498,200.                               | 12/31/2020        |
| 3                   | CHILDREN'S CLOTHING, SHOES, AND ACCESS.   | \$ 490,280.                               | 12/31/2020        |
| 4                   | DIAPERS AND LAUNDRY DETERGENT             | \$ 467,450.                               | 12/31/2020        |
| 5                   | MATERNITY & WOMEN'S CLOTHING FOR MOMS     | \$ 433,766.                               | 12/31/2020        |
| 6                   | CHILDREN'S CLOTHING, SHOES, AND ACCESS.   | \$ 383,264.                               | 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.

| (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                 | \$ 342,055.                               | 12/31/2020        |
|                     |   |   |                   |
| 8                   | BABY GEAR ITEMS                           | \$ 332,860.                               | 12/31/2020        |
|                     |   |   |                   |
| 9                   | CHILDREN'S CLOTHING, SHOES, AND ACCESS.   | \$ 307,845.                               | 12/31/2020        |
|                     |   |   |                   |
| 10                  | MASKS AND HAND SANITIZERS                 | \$ 6,756.                                 | 12/31/2020        |
|                     |   |   |                   |
|                     |   |   |                   |
|                     |   |   |                   |
|                     |   |   |                   |

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.

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

| (a) No. from Part I | (b) Purpose of gift     | (c) Use of gift         | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____               | _____<br>_____<br>_____ | _____<br>_____<br>_____ | _____<br>_____<br>_____             |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____<br>_____<br>_____                 | _____<br>_____<br>_____                  |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**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<br>(including name of security)       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .                                   |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ |                |  |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶ |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 13,851,900.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 14,352,155.

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal lines for providing supplemental information.

**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.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

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Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> SHELTER PARTNERSHIP<br>5600 RICKENBACKER ROAD BELL, CA 90201                        | 95-3976214 | 501(C)(3)                       |                          | 1,751,666.                        | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(2)</b> RIVER FUND NEW YORK, INC.<br>89-11 LEFFERTS BLVD RICHMOND HILL, NY 11419            | 11-3450363 | 501(C)(3)                       |                          | 1,230,581.                        | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(3)</b> WORLD VISION<br>P.O. BOX 9716 MS 216 FEDERAL WAY, WA 98063                          | 95-1922279 | 501(C)(3)                       |                          | 876,334.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(4)</b> FOOD BANK FOR NEW YORK CITY<br>39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006           | 13-3179546 | 501(C)(3)                       |                          | 850,236.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(5)</b> MLK JR. LOS ANGELES HEALTHCARE CORPORATION<br>1680 E 120TH ST LOS ANGELES, CA 90059 | 27-4658935 | 501(C)(3)                       |                          | 735,208.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(6)</b> CHILDREN'S INSTITUTE, INC.<br>2121 W. TEMPLE STREET LOS ANGELES, CA 90026           | 95-1641424 | 501(C)(3)                       | 14,000.                  | 549,098.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(7)</b> EISNER PEDIATRIC & FAMILY MEDICAL CENTER<br>1530 S OLIVE ST LOS ANGELES, CA 90015   | 95-1690966 | 501(C)(3)                       | 7,000.                   | 384,521.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(8)</b> SCO FAMILY OF SERVICES<br>1 ALEXANDER PLACE GLEN COVE, NY 11542                     | 11-2777066 | 501(C)(3)                       | 13,000.                  | 322,982.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(9)</b> THE LEGACY CENTER<br>1633 CENTRE ST RIDGEWOOD, NY 11385                             | 27-1033434 | 501(C)(3)                       |                          | 292,827.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(10)</b> SHELTERING ARMS<br>305 7TH AVENUE NEW YORK, NY 10001                               | 13-3709095 | 501(C)(3)                       | 7,000.                   | 238,235.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(11)</b> LOS ANGELES CITY COUNCIL<br>200 N. SPRING STREET LOS ANGELES, CA 90012             | 95-6000735 | CITY AGENCY                     |                          | 187,411.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(12)</b> WORLD HARVEST LA<br>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 listed in the line 1 table ▶

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

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Schedule I (Form 990) 2020



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

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Internal Revenue Service

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Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government  | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> NIDO DE ESPERANZA<br>4111 BROADWAY NEW YORK, NY 10033                                | 82-5510616 | 501(C)(3)                       | 7,000.                   | 185,613.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(2)</b> NATIONAL FOOTBALL MUSEUM<br>2121 GEORGE HALAS DR. NW CANTON, OH 44708                | 34-0898576 | 501(C)(3)                       |                          | 180,870.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(3)</b> LOS ANGELES COUNTY DEPT. OF PH & CFS<br>600 S COMMONWEALTH AVE LOS ANGELES, CA 90005 | 95-6000927 | COUNTY AGENCY                   |                          | 152,428.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(4)</b> WOMEN'S HOUSING AND ECONOMIC DEV. CORP.<br>50 E. 168TH STREET BRONX, NY 10452        | 11-3099604 | 501(C)(3)                       | 14,000.                  | 143,082.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(5)</b> EL NIDO FAMILY CENTERS<br>10200 SEPLVEDA BLVD MISSION HILLS, CA 91345                | 95-3186429 | 501(C)(3)                       | 14,000.                  | 136,785.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(6)</b> PUBLIC HEALTH SOLUTIONS<br>220 CHURCH STREET NEW YORK, NY 10013                      | 13-5669201 | 501(C)(3)                       | 14,000.                  | 127,025.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(7)</b> UNITED STATES CATHOLIC CONFERENCE<br>333 E 115TH STREET NEW YORK, NY 10029           | 13-2867881 | 501(C)(3)                       |                          | 126,548.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(8)</b> PENNY LANE CENTERS<br>15305 RAYEN ST NORTH HILLS, CA 91343                           | 95-2633765 | 501(C)(3)                       | 7,000.                   | 125,146.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(9)</b> HIGHLAND PARK COMMUNITY DEVELOPMENT CORP.<br>2730 ATLANTIC AVENUE BROOKLYN, NY 11207 | 11-3462888 | 501(C)(3)                       |                          | 123,254.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(10)</b> DIGNITY & POWER NOW<br>3655 SOUTH GRAND AVE LOS ANGELES, CA 90007                   | 46-3064675 | 501(C)(3)                       |                          | 102,647.                          | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(11)</b> STRIVE INTERNATIONAL, INC.<br>240 EAST 123RD ST, NEW YORK, NY 10035                 | 13-3255679 | 501(C)(3)                       | 7,000.                   | 96,513.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(12)</b> FUND FOR PUBLIC SCHOOLS<br>52 CHAMBERS STREET, NEW YORK, NY 10007                   | 11-2656137 | 501(C)(3)                       |                          | 93,472.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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|  |  |
|--|--|
| Name of the organization<br>GOOD PLUS FOUNDATION, INC. | Employer identification number<br>31-1777082 |
|--|--|

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> HOMEBOY INDUSTRIES<br>130 W. BRUNO STREET LOS ANGELES, CA 90012                           | 95-4800735 | 501(C)(3)                       | 14,000.                  | 83,691.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(2)</b> UNIVERSITY HEIGHTS ED. & CULT. DEV. COMM.<br>5 BLUE SLIP, 2I MS. BROOKLYN, NY 11222       | 13-4017676 | 501(C)(3)                       |                          | 81,775.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(3)</b> SAFE HORIZON, INC.<br>2 LAFAYETTE STREET, NEW YORK, NY 10007                              | 13-2946970 | 501(C)(3)                       | 7,000.                   | 76,748.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(4)</b> LENOX HILL NEIGHBORHOOD HOUSE, INC.<br>331 E. 70TH STREET NEW YORK, NY 10021              | 13-1628180 | 501(C)(3)                       |                          | 70,999.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(5)</b> NEW YORK FOUNDLING HOSPITAL<br>590 AVENUE OF AMERICAS NEW YORK, NY 10011                  | 13-1624123 | 501(C)(3)                       | 7,000.                   | 65,033.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(6)</b> LIFT<br>1620 I STREET NW WASHINGTON, DC 20006   | 52-2168409 | 501(C)(3)                       | 11,000.                  | 63,519.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(7)</b> NYC ADMINISTRATION FOR CHILDREN'S SERVICES<br>150 WILLIAM STREET NEW YORK, NY 10038       | 13-6400434 | CITY AGENCY                     |                          | 61,639.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(8)</b> FRIENDS OUTSIDE LOS ANGELES COUNTY<br>261 E COLORADO BLVD PASADENA, CA 91101              | 95-3557032 | 501(C)(3)                       | 10,000.                  | 59,387.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(9)</b> ST. ANNE'S<br>155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026                                 | 95-1691306 | 501(C)(3)                       | 7,000.                   | 59,275.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(10)</b> MONTEFIORE MEDICAL CENTER<br>111 EAST 210TH STREET BRONX, NY 10467                       | 13-1740114 | 501(C)(3)                       |                          | 55,332.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(11)</b> CITY UNIVERSITY OF NY - LAGUARDIA COLLEGE<br>3110 THOMSON AVE LONG ISLAND CITY, NY 11101 | 11-2644089 | STATE-FUNDED CO                 | 12,000.                  | 54,393.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(12)</b> FORESTDALE, INC.<br>6735 112TH STREET FOREST HILLS, NY 11375                             | 11-1631747 | 501(C)(3)                       | 7,000.                   | 53,977.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) NY CITY HEALTH AND HOSPITALS CORPORATION<br>160 WATER STREET, NEW YORK, NY 10038       | 13-2655001 | 501(C)(3)                       |                          | 52,804.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| (2) SPIRITT FAMILY SERVICES<br>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.<br>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<br>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.<br>6002 QUEENS BLVD. WOODSIDE, NY 11377                   | 11-1733454 | 501(C)(3)                       | 7,000.                   | 49,021.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| (6) HEALTHRIGHT 360<br>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<br>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<br>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<br>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<br>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<br>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<br>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 listed in the line 1 table ▶

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

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

|  |  |
|--|--|
| Name of the organization<br>GOOD PLUS FOUNDATION, INC. | Employer identification number<br>31-1777082 |
|--|--|

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> LOS ANGELES VALLEY COLLEGE<br>5800 FULTON AVE VALLEY GLEN, CA 91401               | 23-7349231 | 501(C)(3)                       | 7,000.                   | 26,488.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(2)</b> ALTAMED HEALTH SERVICES CORP.<br>2040 CAMFIELD AVENUE LOS ANGELES, CA 90040       | 95-2810095 | 501(C)(3)                       | 7,000.                   | 26,376.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(3)</b> VENICE FAMILY CLINIC<br>604 ROSE AVE VENICE, CA 90291                             | 95-2769432 | 501(C)(3)                       | 7,000.                   | 25,434.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(4)</b> BROOKLYN HOSPITAL CENTER<br>255 DUFFIELD ST, FL 3 BROOKLYN, NY 11201              | 11-1630755 | 501(C)(3)                       |                          | 25,332.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(5)</b> ONEGENERATION<br>17400 VICTORY BLVD. 18255 RESEDA, CA 91335                       | 95-4066979 | 501(C)(3)                       | 7,000.                   | 23,386.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(6)</b> THE EAST HARLEM SCHOOL<br>309 EAST 103RD STREET NEW YORK, NY 10029                | 13-3738559 | 501(C)(3)                       |                          | 23,026.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(7)</b> CENTER FOR FAMILY REPRESENTATION<br>116 JOHN STREET NEW YORK, NY 10038            | 51-0419496 | 501(C)(3)                       | 6,000.                   | 20,256.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(8)</b> INSPIRATIONAL TRIATHLON RACING INT. CORP<br>P.O. BOX 567 EAST HAMPTON, NY 11937   | 90-0635108 | 501(C)(3)                       |                          | 17,323.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(9)</b> KIPP NYC INC.<br>1501 BROADWAY 10TH FLOOR NEW YORK, NY 10036                      | 20-3971209 | 501(C)(3)                       |                          | 14,358.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(10)</b> D.A.D. PROJECT<br>1547 S OGDEN DR LOS ANGELES, CA 90019                          | 81-1793087 | 501(C)(3)                       |                          | 12,941.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(11)</b> EVERY MOTHER COUNTS<br>333 HUDSON STREET NEW YORK, NY 10013                      | 45-4102644 | 501(C)(3)                       |                          | 11,615.                           | FMV   | HOUSEHOLD GOODS                       | SEE PART IV                        |
| <b>(12)</b> LOS ANGELES UNIFIED SCHOOL DISTRICT<br>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 ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

**Part I General Information on Grants and Assistance**

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 64.

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

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

Schedule I (Form 990) 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS:

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1                               |                          |                          |                                   |   |  |
| 2                               |                          |                          |                                   |   |  |
| 3                               |                          |                          |                                   |   |  |
| 4                               |                          |                          |                                   |   |  |
| 5                               |                          |                          |                                   |   |  |
| 6                               |                          |                          |                                   |   |  |
| 7                               |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2020



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

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

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

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

**Part III Supplemental Information**

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

PART I, LINE 3:

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art . . . . .   |                               |  |  |  |
| 2 Art - Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art - Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                  | X                             |  | 10,150,101.  | COMPARATIVE VALUE  |
| 6 Cars and other vehicles. . . . .   |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities - Publicly traded . . . . .                                     |                               |  |  |  |
| 10 Securities - Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities - Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities - Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution - Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution - Other . . . . .                  |                               |  |  |  |
| 15 Real estate - Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate - Commercial . . . . .  |                               |  |  |  |
| 17 Real estate - Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                      |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .   |                               |  |  |  |
| 25 Other ▶ ( )   |                               |  |  |  |
| 26 Other ▶ ( )   |                               |  |  |  |
| 27 Other ▶ ( )   |                               |  |  |  |
| 28 Other ▶ ( )   |                               |  |  |  |

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

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

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

GOOD PLUS FOUNDATION, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

31-1777082

FORM 990, PART I, LINE 1:

FOUNDED IN 2001 BY JESSICA SEINFELD, GOOD+FOUNDATION IS A LEADING NATIONAL 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

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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

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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.

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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



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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 DCF'S 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 4FORM 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,