Return of Organization Exempt From Income Tax

orm **990**

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

Open to Public

Inspection

A For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: GOOD PLUS FOUNDATION, INC 31-1777082 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 306 W. 37TH STREET, 8TH FLOOR (212)736-1777Initial return City or town, state or province, country, and ZIP or foreign postal code Amended G Gross receipts \$ NEW YORK, NY 10018 23,378,170. return Application pending F Name and address of principal officer: H(a) Is this a group return for Yes KATHERINE E. Χ Nο subordinates' 306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018 Yes No H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) 501(c) ((insert no.) 4947(a)(1) or WWW.GOODPLUSFOUNDATION.ORG Website: H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2001 M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities: __SEE_SCHEDULE_O_ Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 17 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 29 Total number of volunteers (estimate if necessary) 3,594 7a Total unrelated business revenue from Part VIII, column (C), line 12 NONE **b** Net unrelated business taxable income from Form 990-T, line 34 NONE **Current Year** Contributions and grants (Part VIII, line 1h) 17,166,422 21,510,046. **COPY FOR** Program service revenue (Part VIII, line 2g) 65,960 153,740. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 105,018 195,622. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,337,400. 21,859,408. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 12,738,096 17,445,284. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 2,103,996 2,317,742. 16a Professional fundraising fees (Part IX, column (A), line 11e) 75,000 NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ______780,685. 1,321,606 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,586,006. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 16,163,698 21,424,032. Revenue less expenses. Subtract line 18 from line 12 1,173,702 435,376. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 7,447,670 9,263,667. Total liabilities (Part X, line 26) 21 654,399 1,900,470. 22 Net assets or fund balances. Subtract line 21 from line 20 6,793,271 7,363,197. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here THERINE E. SNIDER CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid self-employed MARY JANE PIERONI MARY JANE PIERONI P00538772 Preparer Firm's name ► BDO USA Firm's EIN ▶ 13-5381590 **Use Only** 314-889-1100 Firm's address ▶ 101 S HANLEY RD STE 800 ST. LOUIS, MO 63105 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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For Paperwork Reduction Act Notice, see the separate instructions.

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1		ains a response or note to any line in thi	STAILIII	
1	Briefly describe the organization's m	nission:		
	SEE SCHEDULE O			
2	Did the organization undertake any	significant program services during the	no year which were not listed on t	ho
2				
	If "Yes," describe these new service	s on Schedule O		res _x ne
3		ucting, or make significant changes	in how it conducts any progra	am
9		· · · · · · · · · · · · · · · · · · ·		
	If "Yes," describe these changes on	Schedule O.		
4		am service accomplishments for each	of its three largest program ser	vices, as measured by
		501(c)(4) organizations are required to		
	the total expenses, and revenue, if a	any, for each program service reported.		
4a	(Code:) (Expenses \$	6,935,584. including grants of \$	6,077,634.) (Revenue \$	NONE)
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	5,961,322. including grants of \$	5.300.132.) (Revenue \$	NONE)
	SEE SCHEDULE O.		, (
	BEE BEILEBOHE O.			
40	(Codo: \(\(\)\(\)Evnonces \(\)	a say sas including grants of ¢	a saa asa \/Payanua ¢	150 540
4C		3,784,685. including grants of \$	3,500,361.) (Revenue \$	153,740.
	SEE SCHEDULE O.			
_				
_				
4d	Other program services (Describe of (Expenses \$ 2,950,885. includ	n Schedule O.) ing grants of \$ 2,567,157.)(Re		

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 1
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 21
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 23	
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
	Pild		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	37	
24-	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		- 21
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		37
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		77
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		21
0.7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	V-	
	Establish number assessed in heavy of Faces 4000. Faces 0. Wasternally 11.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
		10	77	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 29			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
_	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9 7 h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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31-1777082 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur		he direct			
-	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?	200010		6	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to el	oct o	r annoint			
ı a			арропп	7a	Х	
	one or more members of the governing body?				- 21	
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		Х
•	stockholders, or persons other than the governing body?			7.0		21
8	Did the organization contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the meetings held or written actions under the contemporaneously document the contemporaneou	ertake	en auring			
	the year by the following:			8a	Х	
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	be re	ached at			
C = =4	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9	`	X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernai	Revenue	Coae	.) Yes	No
				40-	162	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	urpose	es?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	hat c	ould give			
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ingement			
	with a taxable entity during the year?		•	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure		•			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O					
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	gan	and QQQ.T	(000	ion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		anu 990-1	(Seci	CIIOL	U I (C)
	X Own website X Another's website X Upon request Other (explain on Sc		e ())			
40			,	C :m+= -	oot :	ا الم
19	Describe on Schedule O whether (and if so, how) the organization made its governing document for a solid state of the solid later than the formation of the solid later than the	ients,	CONTILCT O	ınter	est p	опсу,
00	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 to the ORGANIZATION 306 W. 37TH STREET, 8TH FLOOR NEW YORK, NY 10018	ooks	and record	S.		

212-736-1777

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	not ch unless	s pei	ition more	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC) 1099-NEC) 1099-NEC)		from the organization and related organizations
(1) KATHERINE E. SNIDER	40.00									
CHIEF EXECUTIVE OFFICER	NONE			$_{\rm X}$				288,154.	NONE	31,620.
(2) LAUREL P. WEST	40.00									,
CHIEF PROGRM & OPERATIONS OFF.	NONE			x				200,511.	NONE	30,041.
(3) ABDULAI AIDOO	40.00									
VP OF FINANCE & ADM	NONE			x				173,243.	NONE	12,795.
(4) CATHRYN HARDING	40.00									
VP DEVELOPMENT THRU 9/22/23	NONE					Х		116,584.	NONE	5,839.
(5) ALAN-MICHAEL GRAVES	40.00									
SR DIR OF LEARNING/CAPACITY	NONE					Х		109,291.	NONE	11,295.
(6) JESSICA SEINFELD	10.00									
DIRECTOR, FOUNDER & CHAIR	NONE	Х		Х				NONE	NONE	NONE
(7) MICHAEL TIEDEMANN	3.00									
DIR, V CHAIR, TREAS THRU 4/28/23	NONE	X		Х				NONE	NONE	NONE
(8) JENNIFER FRANKLIN	3.00									
DIRECTOR AND SECRETARY	NONE	X		Х				NONE	NONE	NONE
(9) EMMANUEL AIDOO	3.00									
DIR, TREASURER AS OF 4/28/23	NONE	X						NONE	NONE	NONE
(10) JENNIFER GARCIA ALLEN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) VERONICA SWANSON BEARD	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) DANIELLE DEVINE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) STACEY BENDET EISNER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) SARAH MICHELLE GELLAR	1.00	1								
DIRECTOR	NONE	X						NONE	NONE	
										Form 990 (2023)

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Part VII Section A. Officers, Directors,	Trustees, Ke	y En	plo	yee	es, a	and H	ligl	hest Compensat	ed Employees (d	ontinue	d)
(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average	(-1		Posit				Reportable	Reportable	l	timated
	hours per week (list any	,				e than or is both a		compensation from	compensation from related	l	ount of other
	hours for		er and	l a di		or/truste	ee)	the	organizations	l	ensation
	related	Indi or d	Inst	Officer	Key	Highest employe	Former	organization	(W-2/1099-MISC)	l	m the
	organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)			nization related
	line)	Individual trustee or director	Institutional trustee		Key employee	e com				l	nizations
		uste	trus		Эе	1per				l	
		Ф	tee			st compensated yee					
15) MARY KITCHEN	1.00			-		۵					
DIRECTOR	NONE	X						NONE	NONE	l	NONE
16) JENNIFER KOEN	1.00							1,01,1	110112		
DIRECTOR	NONE	Х						NONE	NONE	l	NONE
17) KARA MOORE	1.00										
DIRECTOR	NONE	Х						NONE	NONE		NONE
18) MICHAEL NISSAN	3.00										
DIRECTOR	NONE	Х						NONE	NONE		NONE
19) BARA TISCH	1.00										
DIRECTOR	NONE	X						NONE	NONE	<u> </u>	NONE
20) CONNIE VERDUCCI	2.00										
DIRECTOR	NONE	X		_				NONE	NONE		NONE
21) ALI WENTWORTH	1.00									l	
DIRECTOR	NONE	X		-				NONE	NONE		NONE
22) JASON WILLIAMS	1.00	37						NONE	NONE	l	NONTE
DIRECTOR	NONE	X		-				NONE	NONE		NONE
	+	1									
	†										
1b Sub-total							▶	887,783.	NONE		91,590.
c Total from continuation sheets to Part VII	, Section A						>	NONE	NONE		NONE
d Total (add lines 1b and 1c)							▶	887,783.	NONE		91,590.
2 Total number of individuals (including but n		hose	liste	d ab	ove	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organiza	tion ►					5					
											Yes No
3 Did the organization list any former o											
employee on line 1a? If "Yes," complete Sch										3	X
4 For any individual listed on line 1a, is th											
organization and related organizations individual										4	Х
5 Did any person listed on line 1a receive										4	Δ
for services rendered to the organization? If										5	Х
Section B. Independent Contractors	. co, compro	.0 001	.oau		, , ,	34311	337				21
1 Complete this table for your five highest of	ompensated i	ndepe	ende	nt c	cont	tractor	s t	hat received more	than \$100,000 c	of	
compensation from the organization. Repo											
vear.											

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part V	/III		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
g E	C	Fundraising events 1c	2,712,813.				
ts, r A	d	Related organizations					
Gif		Government grants (contributions) 1e					
is,	e	· · · · · ·					
io S	t	All other contributions, gifts, grants,	10 707 222				
but		and similar amounts not included above 1f	18,797,233.				
ΞĎ	g	Noncash contributions included in					
Son			\$ 17,531,224.				
<u> </u>	h	Total. Add lines 1a-1f		21,510,046.			
4			Business Code				
ļċ.	2a	FEES FOR SERVICES	900099	153,740.	153,740.		
er) ue	b						
n S en	С						
rar ev	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		153,740.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		203,971.		NONE	203,971.
	4	Income from investment of tax-exempt bond	d proceeds	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,056,763					
Ф	b	Less: cost or other basis					
nď	"	and sales expenses 7b 1,065,112					
evenue		Gain or (loss) 7c -8,349					
~	١.	Cam c. (1886) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-8,349.			-8,349.
Other	d	Net gain or (loss)		0,349.			0,545.
ō	8a	Gross income from fundraising events (not including \$ 2,712,813.					
		overno (not meraanig v					
		of contributions reported on line	452 650				
		1c). See Part IV, line 18 8a	453,650. 453,650.				
	b	Less: direct expenses					
	С	Net income or (loss) from fundraising events	·				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
		Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
		Less: cost of goods sold10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
Sn			Business Code				
eo ne	11a						
llar ⁄en	b						
e} Se}	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		21,859,408.	153,740.	NONE	195,622.

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								
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)			
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	17,445,284.	17,445,284.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	736,364.	286,628.	265,287.	184,449.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	1,244,737.	673,209.	272,322.	299,206.			
	Pension plan accruals and contributions (include	30,597.	16,507.	6,829.	7,261.			
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	173,847.	105,445.	28,375.	40,027.			
10	Payroll taxes	132,197.	71,601.	29,370.	31,226.			
11		,	,	,	- , · · ·			
	Management	NONE						
	Legal	6,840.		6,840.				
	Accounting	60,558.		60,512.	46.			
		NONE		0073121				
	Lobbying Professional fundraising services. See Part IV, line 17	75,000.			75,000.			
	Investment management fees	25,149.		25,149.	73,000.			
		25,115.		25,117.				
y	Other. (If line 11g amount exceeds 10% of line 25, column	89,538.	31,664.	36,781.	21,093.			
12	(A), amount, list line 11g expenses on Schedule O.)	7,415.	509.	30,701.	6,906.			
	Advertising and promotion	180,620.	123,748.	32,837.	24,035.			
13	Office expenses	37,505.	18,971.	10,251.	8,283.			
14	Information technology	NONE	10,7/1.	10,251.	0,203.			
15	Royalties	479,319.	374,829.	40,896.	63,594.			
16	Occupancy	23,915.	19,732.	1,350.	2,833.			
17	Travel	23,913.	19,732.	1,330.	2,033.			
18	Payments of travel or entertainment expenses	NONE						
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	NONE		24 700				
20	Interest	24,799.		24,799.				
21	Payments to affiliates	NONE	7 (()	10 171	2 272			
22	Depreciation, depletion, and amortization	29,208.	7,665.	18,171.	3,372.			
23	Insurance	25,929.	13,989.	5,787.	6,153.			
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)	262 142	262 142					
	PROGRAM SUPPLIES	368,149.	368,149.					
	DELIVERY	38,538.	38,515.	10.	13.			
	REPAIRS AND MAINTENANCE	35,605.	28,537.	2,817.	4,251.			
	RECRUITING EXPENSE	152,919.	7,494.	142,488.	2,937.			
е	All other expenses							
25	·	21,424,032.	19,632,476.	1,010,871.	780,685.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							
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Part X Balance Sheet

P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art Y		
		Check if Schedule O contains a response of note to any line in this re	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,352,046.	1	1,360,550.
	2	Savings and temporary cash investments	138,471.	2	41,256.
	3	Pledges and grants receivable, net	190,460.	3	128,404.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	1,879,164.	8	2,228,854.
⋖	9	Prepaid expenses and deferred charges	25,290.	9	28,320.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 130,322.			
	b	Less: accumulated depreciation	21,292.		22,753.
	11	Investments - publicly traded securities	3,258,064.	11	3,661,210.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	5,000.	14	40,000.
	15	Other assets. See Part IV, line 11	577,883.	15	1,752,320.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,447,670.	16	9,263,667.
	17	Accounts payable and accrued expenses	102,528.	17	178,003.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	551 051		1 500 465
		of Schedule D	551,871.		1,722,467.
	26	Total liabilities. Add lines 17 through 25	654,399.	26	1,900,470.
es		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
auc	27	-	6 606 500	07	7 062 001
Fund Balances	27 28	Net assets without donor restrictions	6,696,529.	27	7,263,801.
pu	20	Organizations that do not follow FASB ASC 958, check here	96,742.	28	99,396.
Ē		and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́	32	Total net assets or fund balances	6,793,271.	32	7,363,197.
Š	33	Total liabilities and net assets/fund balances	7,447,670.	33	9,263,667.
			,, 11,0,0,0,	55	Form 990 (2023)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	1,8	59,	408
2	Total expenses (must equal Part IX, column (A), line 25)	2	2			032
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 376</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u> 271</u>
5	Net unrealized gains (losses) on investments	5		1	34,	<u>550</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7,3	63,	<u> 197</u>
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	udits		3b	1	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GU	. ענ	PLUS FOUNDATION, INC	∵.				31-1	///082
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	ns.
		anization is not a private fou					<u> </u>	
1		A church, convention of chu		·	_	-	•	
2		A school described in secti					. •(•)(.)(.,(.)	
3		A hospital or a cooperative					/1\/A\/iii\	
4	\vdash	A medical research organize	-	-				(iii) Entar tha
4		·	=	conjunction with a not	spital de	scribed ii	r section 170(b)(1)(A)	(III). Enter the
_		hospital's name, city, and st		!!				
5		An organization operated to		a college or universit	y owner	a or ope	erated by a governme	ental unit described ir
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7	X	An organization that norma	-	•	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe	-		-			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and union after June 30, 1	functions, subject to controlated business tax 1975. See section 509 0	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•		-			
12		An organization organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	i09(a)(1) or sect	ion 509(a)(2). See sed	ction 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	· ·	•	-			
		supporting organization.				, ,		
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
~		control or management of	•					
		organization(s). You must			tile sain	c persor	is that control of man	age the supported
_		Type III functionally integ			tod in a	annaatia	n with and functional	lly intograted with
С								ny integrated with,
		its supported organization		•				to al annon:ation(a)
d	L	Type III non-functionally			-			
		that is not functionally inte	-		-		•	an attentiveness
		requirement (see instruct	,	•				
е		Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	I, Type III
	_	functionally integrated, or						
f		ter the number of supported						
g		ovide the following information			1		Г	T
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
<u></u>								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2023 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,138,930.	13,809,890.	13,741,663.	17,166,422.	21,510,046.	76,366,951.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	10,138,930.	13,809,890.	13,741,663.	17,166,422.	21,510,046.	76,366,951.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) SEE SUPP PAGE						10.552.300
6	Public support. Subtract line 5 from line 4	<u>.</u>					19,553,309.
	tion B. Total Support						56,813,642.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
_	Amounts from line 4	10,138,930.	13,809,890.	13,741,663.	17,166,422.	21,510,046.	76,366,951.
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	167,310.	75,912.	58,925.	111,672.	203,971.	617,790.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						76,984,741.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	219,700.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2023 (lin		-			14	73.80 %
15	Public support percentage from 2022	•	•			15	81.82 %
16a	331/3% support test - 2023. If the org						
_	box and stop here. The organization qu						
b	331/3% support test - 2022. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets			-			
	organization						
D	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organization meets					-	•
	<u> </u>			•	•		
18	organization. If the organization						
10							
	instructions						<u> </u>

Schedule A (Form 990) 2023 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(-) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2023 (line 8,	column (f), divid	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2022 Sche	dule A, Part III, lin	ne 15			16	%
Sec	tion D. Computation of Investmen	l Income Perc	entage				
17	Investment income percentage for 2023 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2022	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2023. If the or	ganization did r	ot check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation
b	331/3% support tests - 2022. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and so	t op here. The or	ganization qualifi	es as a publicly	supported organi	ization
20	Private foundation If the organization	did not chack	hov on line	I/ 10a or 10h	check this ho	v and see instru	ictions

JSA 3E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 Page **5**

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Casti		1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2023

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7		7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
е	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	lly integra	ted Type III supporting	g organization

Schedule A (Form 990) 2023

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

Page **7**

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
8	Excess from 2019				
a b	Excess from 2020				
	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
_	LAUCUS HUIH ZUZU				

Schedule A (Form 990) 2023

Part VI

Schedule A (Form 990 or 990-EZ) 2023

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

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
	11642833.	1,539,695.	10103138.
	4,617,868.	1,539,695.	3,078,173.
	4,571,959.	1,539,695.	3,032,264.
	2,533,201.	1,539,695.	993,506.
	3,885,923.	1,539,695.	2,346,228.
TOTALS	27,251,784.		19,553,309.
	==========		=========

Schedule B (Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information	n.	<u> </u>
Name of the organization		Employ	er identification number
GOOD PLUS FOUNDATI	ON, INC.	31-1	.777082
Organization type (check o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation	
	501(c)(3) taxable private foundation		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the yea by or property) from any one contributor. Complete Parts I and II. See I contributions.		-
Special Rules			
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ that mean sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A served from any one contributor, during the year, total contributions count on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	(Form 990), Part II, of the greater of (1)	line 13, 16a, or \$5,000; or
contributor, durir literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 or 990 the year, total contributions of more than \$1,000 exclusively for retional purposes, or for the prevention of cruelty to children or animal b) instead of the contributor name and address), II, and III.	eligious, charitable,	scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, contributions <i>exclusively</i> for religious, charitable, etc., pulled more than \$1,000. If this box is checked, enter here the total corran <i>exclusively</i> religious, charitable, etc., purpose. Don't complete blies to this organization because it received <i>nonexclusively</i> religious, or more during the year	urposes, but no such ontributions that we any of the parts unle , charitable, etc., co	n re received ess the
-	nat isn't covered by the General Rule and/or the Special Rules does IV, line 2, of its Form 990; or check the box on line H of its Form 990		•

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization

GOOD PLUS FOUNDATION, INC.

Employer identification number 31-1777082

Part I	Contributors (see instructions).	Use duplicate copies of	Part I if additional space is needed.
--------	----------------------------------	-------------------------	---------------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$7,862,557.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,308,831.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$1,128,600.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A		Person
		\$1,000,990.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	\$1,000,990. (c) Total contributions	Noncash X (Complete Part II for
		(c)	Noncash X (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	Noncash X (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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.

		or rait in additional opaco io mod	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ADULT CLOTHING, CHILDREN'S SHOES, & ACCESSORIES		
		7,555,057.	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2_	PRENATAL VITAMINS & SUPPLEMENTS		
		\$1,308,831.	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CHILDREN'S ACCESSORIES, CLOTHING & SHOES		
		\$\$.	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	CHILDREN'S CLOTHING, SHOES, & ACCESSORIES		
		\$	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5_	BABY FORMULA AND BABY FOOD		
		\$993,535	12/31/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
	1	1	

Page 4 Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 31-1777082 GOOD PLUS FOUNDATION, INC. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

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

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.

10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open 1

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

IValli	le of the organization	Employer identification number
GO	OD PLUS FOUNDATION, INC.	31-1777082
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D.	art II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a certified historic structure
	Preservation of open space	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	on form of a concentration
2		Held at the End of the Tax Year
	easement on the last day of the tax year.	
a		2a
b		26
C		2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
•		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	handling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
c	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	corvation accoments during the year
'	Amount of expenses incurred in monitoring, inspecting, nanding of violations, and emotoring con-	servation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section	n 170(h)(4)(R)(i)
•		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and e	evnense statement and halance
,	sheet, and include, if applicable, the text of the footnote to the organization's financial statement	
	organization's accounting for conservation easements.	The trial december the
P	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state art, historical treasures, or other similar assets held for public exhibition, education, or resea	ternent and balance sheet works of
	provide the following amounts relating to these items:	ion in futilierance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	solo for imanolal gain, provide the
а		\$
h	Revenue included on Form 990, Part VIII, line 1.	· · · · · · · · · · · · · · · · · · ·

Sched	dule D (Form 990) 2023 GOO	D PLUS	FOUNDAT	'ION. II	IC.					31-1	1777082) Pa	age 2
Pa	rt III Organizations Maintaini					easures	s, or	Other	Similar A				
3	Using the organization's acquisition	on, acces	sion, and o	ther recor	ds, chec	k any o	f the	follow	ing that n	nake sig	nificant u	se o	its
	collection items (check all that app	ıly).		_	_								
а	Public exhibition			d _	Loan	or excha	ange	progra	m				
b	Scholarly research			е	Other								
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	and expla	ain how	they fur	ther	the or	ganization	s exemp	t purpose	e in I	Part
	XIII.												
5	During the year, did the organization	on solicit	or receive d	onations c	f art, hist	orical tr	easu	res, or	other simil	ar			
	assets to be sold to raise funds rath	ner than t	o be mainta	ined as pa	rt of the	organiza	ation'	s collec	ction?	[Yes		No
Pa	rt IV Escrow and Custodial A												
	Complete if the organiza	ation ans	wered "Ye	s" on For	m 990, F	Part IV,	line	9, or r	eported a	n amou	nt on Fo	rm	
	990, Part X, line 21.												
1a	Is the organization an agent, trus	tee, cust	odian or ot	her interm	nediary fo	or conti	ributi	ons or	other ass	ets not			
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II and comp	lete the fo	llowing tal	ole.							
										Amount	t		
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	ount on I	Form 990, F	art X, line	21, for e	escrow	or cu	stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement i	n Part XI	II. Check he	re if the e	xplanation	has be	en pr	ovided	in Part XIII			. 🗔	
	rt V Endowment Funds												
	Complete if the organiza	ation ans	wered "Ye	s" on For	m 990, F	Part IV,	line	10.					
	·		rrent year	(b) Prio		(c) Tw			(d) Three y	ears back	(e) Four	ears b	ack
1 2	Beginning of year balance												
	Contributions												
C	Net investment earnings, gains,												
لہ	and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
	Administrative expenses												
_	End of year balance				/I: 4	· .	<i>(</i>))						
2	Provide the estimated percentage Board designated or quasi-endown		irrent year e	nd balanc	e (line 1g,	column	i (a))	neid as	:				
	Permanent endowment			,									
	Term endowment %												
C	The percentages on lines 2a, 2b, a		ould oqual 1	000/									
2.0	Are there endowment funds not in				tion that	ara bal	d 000	d admir	sistered for	tho			
Ja		the poss	6221011 01 111	s organiza	illon mai	are nei	u and	aumi	iistereu ioi	ше	Ī	es	No
	organization by:												110
	(i) Unrelated organizations?										3a(i)	+	
J.	(ii) Related organizations?										3a(ii)	+	
_	If "Yes" on line 3a(ii), are the relate	Ū		•							3b		
4	Describe in Part XIII the intended u		ne organizat	ion's endo	wment fu	nas.							
Рa	rt VI Land, Buildings, and Equ Complete if the organize	ation ans	swered "Ye	s" on Fo	m 990.	Part IV.	, line	11a. S	See Form	990. Pa	art X, line	e 10.	
	Description of property		(a) Cost or	other basis	(b) Cost	or other ba	_	(c) Ac	cumulated		d) Book valu		
1	Lond		(investi	nent)	(0	ther)		depr	eciation				
	Land						+						
D	Buildings				1								

125,040.

5,282.

106,248

1,321

22,753. Schedule D (Form 990) 2023

18,792.

3,961.

c Leasehold improvements d Equipment......

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (F	orm 990) 2023	GOOD PLUS	FOUNDATION,	INC.	31-1777082	Paç
Part VII	Investments - Other	er Securities				
	Complete if the ord	ranization an	ewored "Vee" on	Form 000 Part IV line 11h	Soc Form 000 Part Y line	12

		, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
<u>(3)</u>		
_(4)		
<u>(5)</u>		
<u>(6)</u>		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

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)RIGHT OF USE ASSET	1,689,178.
(2)FUNDRAISING HOLDING ACCOUNT	37,242.
(3)SECURITY DEPOSIT	25,900.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).	1,752,320.

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)LEASE LIABILITY		1,722,467.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25,	col. (B))	1,722,467.

^{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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.)	2777662 33
1	Total revenue, gains, and other support per audited financial statements	1	22,029,331.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	124 550		
b	110 202		
C	20		
d	Colored of prior year grants		
e		2e	244,923.
3	Subtract line 2e from line 1	3	21,784,408.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
·			
b			
C	, , , , , , , , , , , , , , , , , , , ,	4c	75,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,859,408.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn	
1	Total expenses and losses per audited financial statements	1	21,459,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		, ,
- a	20 110 272		
b			
C	The year adjacement 1		
d			
e		2e	110,373.
3	Subtract line 2e from line 1	3	21,349,032.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b			
С		4c	75,000.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	21,424,032.
	XIII Supplemental Information		
Provid 2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Prt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, ation	line 4; Part X, line .
SEE	SUPPLEMENTAL PAGE		

PART IX, LINE 1 - RIGHT OF USE ASSET:

RIGHT OF USE (ROU) REPRESENTS ALL THE LEASE PAYMENTS THE ORGANIZATION
WILL BE MAKING FOR BOTH LOS ANGELES AND NEW YORK, DISCOUNTED TO PRESENT
VALUE OVER THE LEASE TERM. IT IS THE CORRESPONDING ENTRY FOR THE "LEASE
LIABILITY" ON THE LIABILITY SIDE OF THE BALANCE SHEET. THIS IS A RESULT
OF THE RECENTLY IMPLEMENTED LEASE ACCOUNTING STANDARD FROM THE FINANCIAL
ACCOUNTING STANDARDS BOARD (FASB ASC 842), WHICH REQUIRES THE
ORGANIZATION TO SHOW ALL LEASES LONGER THAN 12 MONTHS AS BOTH AN ASSET
(ROU) AND A LIABILITY (LEASE LIABILITY) ON THE BALANCE SHEET.

PART X, LINE 2:

THE ORGANIZATION WAS INCORPORATED IN THE STATE OF NEW YORK AND IS EXEMPT FROM FEDERAL, STATE, AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE), AND THEREFORE HAS MADE NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2023.

UNDER ASC 740, INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS

Schedule D (Form 990) 2023

NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE

ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE

JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE

ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND

ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED. FOR THE

YEAR ENDED DECEMBER 31, 2023, THERE WAS NO INTEREST OR PENALTY RECORDED

OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION IS SUBJECT

TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF DECEMBER 31, 2023, THE

ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

PART XI, LINE 4B:

PROFESSIONAL FUNDRAISING FEES \$75,000

PART XII, LINE 4B:

PROFESSIONAL FUNDRAISING FEES \$75,000

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

Name of the organization	<u>-</u>				Employer identification	on number
GOOD PLUS FOUNDATION, INC.					31-177708	
Part I Fundraising Activities. Comp	•			Yes" on Form 99	00, Part IV, line 1	7.
Form 990-EZ filers are not re	·					
1 Indicate whether the organization rais	sed funds through		_			
a X Mail solicitations	е			non-government g		
b X Internet and email solicitations	f			government grants	3	
c Phone solicitations	g	X Spe	cial fundra	ising events		
d X In-person solicitations						
 2a Did the organization have a written or key employees listed in Form 990, b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the compensated. 	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
compensated at least \$5,000 by the t	organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		· ·	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		•		2,156,059.	75,000.	1,627,409.
3 List all states in which the organizat	ion is registered o	or licensed	to solicit	contributions or		
registration or licensing.						
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL KS, KY, ME, MD, MA, MI, MN, MS, MO, NH		ND OH				
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV		, ND , On ,				

Schedule G (Form 990) 2023 GOOD PLUS FOUNDATION, INC. 31-1777082 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events COMEDY GALA (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 3,166,463. 3,166,463. 2 Less: Contributions 2,712,813. 2,712,813. 3 Gross income (line 1 453,650. 453,650. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 78,079. 78,079. 7 Food and beverages 152,961. 152,961. 8 Entertainment 30,844. 30,844. 9 Other direct expenses 191,766. 191,766. 10 Direct expense summary. Add lines 4 through 9 in column (d) 453,650. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023

10a

If "Yes," explain:

Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		ule G (Form 990 or 990-EZ) 2023 GOOD PLUS FOUNDATION, INC.	31-17	77082	Page 3
formed to administer charitable gaming?	11		[Yes	No
Indicate the percentage of gaming activity conducted in: a The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Description of services provided ▶ Director/officer	12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
a The organization's facility		formed to administer charitable gaming?	[Yes	No
a The organization's facility	13	Indicate the percentage of gaming activity conducted in:			
b An outside facility	а		За		%
Address ► 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					%
Name ► Address ► 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party: Name ► Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Address ▶					
Address ▶					
Address ▶		Name ▶			
Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Address ▶			
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶					
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	15 a	Does the organization have a contract with a third party from whom the organization receives ga	mina		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶			- г	Yes	No
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	b				
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	-	amount of gaming revenue retained by the third party ► \$			
Name ► Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	c				
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	·	in 100, Chief Hame and address of the time party.			
Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Name ▶			
Name ►					
Name ►		Address ►			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	16	Gaming manager information:			
Gaming manager compensation ► \$ Description of services provided ► Director/officer	. •				
Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name ▶			
Description of services provided ▶					
Description of services provided ▶		Gaming manager compensation ▶ \$			
Director/officer					
Director/officer		Description of services provided ▶			
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations 					
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations 		Director/officer Employee Independent contractor			
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations 					
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations 	17	Mandatory distributions:			
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations		·	eds to		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	_		Г	Yes	No
	h				
	~		24110110		
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), a	Part		i) and (v) and	
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information					
(see instructions).					

Schedule G (Form 990 or 990-EZ) 2023

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

NAME:

EVENT ASSOCIATES, INC.

ADDRESS:

162 W 56TH STREET, SUITE 405 NEW YORK, NY 10019

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 2,156,059.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 75,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 1,627,409.

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

Open to Public Inspection

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

Attach to Form 990.

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

Employer identification number Name of the organization GOOD PLUS FOUNDATION, INC. 31-1777082 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (g) Description of (h) Purpose of grant (if applicable) or government grant noncash assistance noncash assistance or assistance (1) COMMUNITY ACTION PSHIP. OF ORANGE COUNTY 11870 MONARCH ST GARDEN GROVE, CA 92841 95-2452787 501(C)(3) 3,396,315. FMV PARENTING GOODS SEE PART IV (2) RIVER FUND NEW YORK, INC. 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11419 11-3450363 501(C)(3) 3,360,208. FMV PARENTING GOODS SEE PART IV (3) CHILDREN'S INSTITUTE, INC. 2121 W. TEMPLE ST LOS ANGELES, CA 90026 95-1641424 501(C)(3) 8,000. 2,452,984. FMV PARENTING GOODS SEE PART IV (4) SHELTER PARTNERSHIP 5600 RICKENBACKER RD BELL, CA 90201 95-3976214 501(C)(3) 2,259,715. FMV PARENTING GOODS SEE PART IV (5) WORLD HARVEST CHARITIES & FAMILY SERVICES 3100 VENICE BLVD LOS ANGELES, CA 90019 39-2064653 501(C)(3) 1,223,310. FMV PARENTING GOODS SEE PART IV (6) LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058 95-3135649 501(C)(3) 322,022. PARENTING GOODS SEE PART IV (7) SCO FAMILY OF SERVICES 1 ALEXANDER PLACE GLEN COVE, NY 11542 11-2777066 501(C)(3) 8,000 263,320. FMV PARENTING GOODS SEE PART IV (8) JEWISH FAMILY SERVICES OF LOS ANGELES 330 N. FAIRFAX LOS ANGELES, CA 90036 95-1691013 501(C)(3) 241,074. FMV PARENTING GOODS SEE PART IV (9) MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST BRONX, NY 10467 13-1740114 501(C)(3) 20,600 217,470. FMV PARENTING GOODS SEE PART IV (10) LOS ANGELES COUNTY DEPT OF PUBLIC HEALTH 600 S. COMMONWEALTH LOS ANGELES, CA 90005 95-6000927 COUNTY AGEN 8,000. 200,817. FMV PARENTING GOODS SEE PART IV (11) BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST BROOKLYN, NY 11201 11-1630755 501(C)(3) 193,971. FMV PARENTING GOODS SEE PART IV (12) FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FL NEW YORK, NY 10006 13-3179546 501(C)(3) PARENTING GOODS SEE PART IV 63 NONE

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

Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**23**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2023

Employer identification number

GOOD PLUS FOUNDATION, INC.						31-1777082	
Part I General Information on Grants ar	nd Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant part IV the organization's process. 	nts or assistand	e?					Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		-					Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EL NIDO FAMILY CENTERS							
10200 SEPULVEDA MISSION HILLS, CA 91345	95-3186429	501(C)(3)	32,000.	151,943.	FMV	PARENTING GOODS	SEE PART IV
(2) NORTHERN MANHATTAN PERINATAL PSHIP., INC.							
127 W 127TH ST NEW YORK, NY 10027	13-3782555	501(C)(3)	8,000.	151,775.	FMV	PARENTING GOODS	SEE PART IV
(3) HOMEBOY INDUSTRIES							
130 W. BRUNO ST LOS ANGELES, CA 90012	95-4800735	501(C)(3)	8,000.	147,628.	FMV	PARENTING GOODS	SEE PART IV
(4) FUND FOR PUBLIC HOUSING							
200 BROADWAY, 3RD FL NEW YORK, NY 10038	47-4915755	501(C)(3)		131,639.	FMV	PARENTING GOODS	SEE PART IV
(5) LITTLE SISTERS OF THE ASSUMPTION FAMILY HEA							
333 E 115TH ST NEW YORK, NY 10029	13-2867881	501(C)(3)	7,000.	130,699.	FMV	PARENTING GOODS	SEE PART IV
(6) ALTAMED HEALTH SERVICES CORP.							
2040 CAMFIELD AVE LOS ANGELES, CA 90040	95-2810095	501(C)(3)		124,512.	FMV	PARENTING GOODS	SEE PART IV
(7) FRIENDS OUTSIDE IN LOS ANGELES COUNTY							
261 E COLORADO BLVD PASADENA, CA 91101	95-3557032	501(C)(3)	8,000.	123,386.	FMV	PARENTING GOODS	SEE PART IV
(8) PENNY LANE CENTERS							
15305 RAYEN ST NORTH HILLS, CA 91343	95-2633765	501(C)(3)	8,000.	123,232.	FMV	PARENTING GOODS	SEE PART IV
(9) PUBLIC HEALTH SOLUTIONS							
220 CHURCH ST NEW YORK, NY 10013	13-5669201	501(C)(3)	16,000.	118,271.	FMV	PARENTING GOODS	SEE PART IV
(10) NIDO DE ESPERANZA CHARITABLE SOCIETY							
4111 BROADWAY NEW YORK, NY 10033	82-5510616	501(C)(3)	8,000.	112,640.	FMV	PARENTING GOODS	SEE PART IV
(11) WOMEN'S HOUSING AND ECONOMIC DEV. CORP.							
50 E 168TH ST BRONX, NY 10452	11-3099604	501(C)(3)		96,236.	FMV	PARENTING GOODS	SEE PART IV
(12) EISNER PEDIATRIC & FAMILY MEDICAL CENTER							
1530 S OLIVE ST LOS ANGELES, CA 90015	95-1690966	501(C)(3)	6,000.	87,131.	FMV	PARENTING GOODS	SEE PART IV
2 Enter total number of section 501(c)(3) and	•	•	sted in the line 1 tal	ole			

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

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

OMB No. 1545-0047 2023

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number

GOOD PLUS FOUNDATION, INC.						31-1777082	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand	e?					Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VENICE FAMILY CLINIC							
604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)		85,440.	FMV	PARENTING GOODS	SEE PART IV
(2) FORESTDALE, INC.							
6735 112TH ST FOREST HILLS, NY 11375	11-1631747	501(C)(3)	13,000.	82,423.	FMV	PARENTING GOODS	SEE PART IV
(3) HELPING MAMAS INC.							
1849 KENION POINT SNELLVILLE, GA 30078	47-1381339	501(C)(3)		76,882.	FMV	PARENTING GOODS	SEE PART IV
(4) LIFT							
1620 I STREET NW WASHINGTON, DC 20006	52-2168409	501(C)(3)	14,000.	67,926.	FMV	PARENTING GOODS	SEE PART IV
(5) BLACK WOMEN FOR WELLNESS							
11833 WILMINGTON AVE LOS ANGELES, CA 90059	95-4624707	COUNTY AGEN		55,773.	FMV	PARENTING GOODS	SEE PART IV
(6) CALIFORNIA HOSPITAL MEDICAL CENTER FDN.							
1401 SOUTH GRAND AVE LOS ANGELES, CA 90015	95-4000909	501(C)(3)	8,000.	51,638.	FMV	PARENTING GOODS	SEE PART IV
(7) SAFE HORIZON, INC.							
2 LAFAYETTE STREET NEW YORK, NY 10007	13-2946970	501(C)(3)	8,000.	50,060.	FMV	PARENTING GOODS	SEE PART IV
(8) AVANCE INC.							
4281 DACOMA ST HOUSTON, TX 77092	91-1780562	501(C)(3)	25,000.	49,639.	FMV	PARENTING GOODS	SEE PART IV
(9) WESTSIDE BABY							
10002 14TH AVE SW SEATTLE, WA 98146	91-2124405	501(C)(3)		49,639.	FMV	PARENTING GOODS	SEE PART IV
(10) CHILDRENS LAW CENTER OF CALIFORNIA							
101 CENTRE PLAZA DR MONTEREY PARK, CA 91754	95-4252143	501(C)(3)	8,000.	43,496.	FMV	PARENTING GOODS	SEE PART IV
(11) ADVANCEMENT THROUGH OPP. AND KNOWLEDGE INC.							
1200 W. 37TH PL LOS ANGELES, CA 90007	95-4415115	501(C)(3)		38,729.	FMV	PARENTING GOODS	SEE PART IV
(12) SHIELDS FOR FAMILIES							
P.O. BOX 59129 LOS ANGELES, CA 90059	95-4336420	501(C)(3)	22,000.	36,469.	FMV	PARENTING GOODS	SEE PART IV
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole			·
3 Enter total number of other organizations lie	tad in the line	1 tahla					

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

Schedule I (Form 990) 2023

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

2023

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Attach to Form 990.

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Open to Public Inspection

Employer identification number

GOOD PLUS FOUNDATION, INC.						31-1777082	
Part I General Information on Grants and	d Assistanc	е					
1 Does the organization maintain records to se	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	s' eligibility for the gra	nts or assistance, and	
the selection criteria used to award the grant	s or assistand	e?					Yes No
2 Describe in Part IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	vernments. Con	plete if the organ	ization answered "\	res" on Form 990.
Part IV, line 21, for any recipient the		_					•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) SHELTERING ARMS CHILDREN AND FAMILY SERVICE							
305 7TH AVENUE NEW YORK, NY 10001	13-3709095	501(C)(3)		36,395.	FMV	PARENTING GOODS	SEE PART IV
(2) RISING GROUND, INC.							
151 LAWRENCE ST BROOKLYN, NY 11201	13-1860451	501(C)(3)	2,000.	35,195.	FMV	PARENTING GOODS	SEE PART IV
(3) SPIRITT FAMILY SERVICES							
8000 PAINTER AVE WHITTIER, CA 90602	95-2852683	501(C)(3)		35,101.	FMV	PARENTING GOODS	SEE PART IV
(4) BRONXWORKS							
22 CORTLANDT ST NEW YORK, NY 10007	13-3254484	501(C)(3)		34,210.	FMV	PARENTING GOODS	SEE PART IV
(5) ST. ANNE'S MATERNITY HOME							
155 NORTH OCCIDENTAL LOS ANGELES, CA 90026	95-1691306	501(C)(3)	3,000.	33,580.	FMV	PARENTING GOODS	SEE PART IV
(6) A SENSE OF HOME							
3457 W EL SEGUNDO BLVD HAWTHORNE, CA 90250	47-3814056	501(C)(3)		30,682.	FMV	PARENTING GOODS	SEE PART IV
(7) ONEGENERATION							
17400 VICTORY BLVD RESEDA, CA 91335	95-4066979	501(C)(3)	8,000.	30,278.	FMV	PARENTING GOODS	SEE PART IV
(8) LENOX HILL NEIGHBORHOOD HOUSE, INC.							
331 E. 70TH ST NEW YORK, NY 10021	13-1628180	501(C)(3)	8,000.	29,791.	FMV	PARENTING GOODS	SEE PART IV
(9) UNIVERSITY HEIGHTS EDUCATIONAL & CULTURAL D							
5 BLUE SLIP, 2I MS. BROOKLYN, NY 11222	13-4017676	501(C)(3)		29,423.	FMV	PARENTING GOODS	SEE PART IV
(10) EXPECTING RELIEF							
2832 FULTON ST BROOKLYN, NY 11207	36-4722105	501(C)(3)		26,077.	FMV	PARENTING GOODS	SEE PART IV
(11) HOMES FOR THE HOMELESS							
36 COOPER SQUARE NEW YORK, NY 10003	13-3351420	501(C)(3)		24,798.	FMV	PARENTING GOODS	SEE PART IV
(12) KNOCK KNOCK GIVE A SOCK							
60 STANFORD AVE WEST ORANGE, NJ 07052	47-2835516	501(C)(3)		24,766.	FMV	PARENTING GOODS	SEE PART IV
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	ŭ	J					

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

OMB No. 1545-0047
20**23**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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Schedule I (Form 990) 2023

Employer identification number

GOOD PLUS FOUNDATION, INC.						31-1777082					
Part I General Information on Grants and	d Assistanc	е									
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistand	e?					Yes No				
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) CENTER FOR ALTERNATIVE SENTENCING AND EMPLO											
151 LAWRENCE ST BROOKLYN, NY 11201	13-2668080	501(C)(3)	6,000.	22,689.	FMV	PARENTING GOODS	SEE PART IV				
(2) GRAHAM-WINDHAM											
ONE PIERREPONT PLAZA BROOKLYN, NY 11201	13-2926426	501(C)(3)		22,119.	FMV	PARENTING GOODS	SEE PART IV				
(3) LOS ANGELES VALLEY COLLEGE FOUNDATION											
5800 FULTON AVE VALLEY GLEN, CA 91401	23-7349231	501(C)(3)	7,000.	21,176.	FMV	PARENTING GOODS	SEE PART IV				
(4) JUSTICE INNOVATION, INC (JI)											
520 EIGHTH AVE NEW YORK, NY 10018	85-2810883	501(C)(3)		20,212.	FMV	PARENTING GOODS	SEE PART IV				
(5) CATHOLIC CHARITIES COMMUNITY SERVICES											
1011 1ST AVE NEW YORK, NY 10022	13-5562185	501(C)(3)		20,165.	FMV	PARENTING GOODS	SEE PART IV				
(6) MLK JR. LOS ANGELES HEALTHCARE CORPORATION											
1680 E 120TH ST LOS ANGELES, CA 90059	27-4658935	501(C)(3)		19,166.	FMV	PARENTING GOODS	SEE PART IV				
(7) LIVING BRIDGES											
115-25 METROPOLITAN RICHMOND HILL, NY 11418	85-3699335	501(C)(3)		18,759.	FMV	PARENTING GOODS	SEE PART IV				
(8) NY CITY HEALTH AND HOSPITALS CORPORATION											
160 WATER ST NEW YORK, NY 10038	13-2655001	501(C)(3)		17,124.	FMV	PARENTING GOODS	SEE PART IV				
(9) THE CHILD CENTER OF NY, INC.											
6002 QUEENS BLVD WOODSIDE, NY 11377	11-1733454	501(C)(3)	2,000.	16,731.	FMV	PARENTING GOODS	SEE PART IV				
(10) LAGUARDIA EDUCATION FUND INCORPORATED											
3110 THOMSON AVE LONG ISLAND CITY, NY 11101	11-2644089	501(C)(3)	8,000.	16,377.	FMV	PARENTING GOODS	SEE PART IV				
(11) NEW YORK CITY POLICE FOUNDATION, INC.											
555 5TH AVE NEW YORK, NY 10017	13-2711338	501(C)(3)		13,472.	FMV	PARENTING GOODS	SEE PART IV				
(12) DEL AIRE BAPTIST CHURCH											
4951 W 119TH PL HAWTHORNE, CA 90250	95-6150291	501(C)(3)		9,607.	FMV	PARENTING GOODS	SEE PART IV				
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	o .	J									

For Paperwork Reduction Act Notice, see the Instructions for 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.

2023

Inspection

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Employer identification number Name of the organization GOOD PLUS FOUNDATION, INC. 31-1777082 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (a) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) STRIVE INTERNATIONAL, INC. 501(C)(3) 240 EAST 123RD ST NEW YORK, NY 10035 13-3255679 7,274. FMV PARENTING GOODS SEE PART IV (2) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027 95-1690977 501(C)(3) 8,000. 4,501. FMV PARENTING GOODS SEE PART IV (3) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461 83-0621846 501(C)(3) 4,600. 3,446. FMV PARENTING GOODS SEE PART TV (4) (5) (6) (7) (8) (9) (10)(11)(12)

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

Schedule I (Form 990) 2023

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, LINE 2:

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.

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number 31-1777082

GOOD	PLUS	FOUN	IDATIC	ON,	INC.	
			_			

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: Receive a severance payment or change-of-control payment?.... Χ 4a Χ **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Х 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Χ 5b Χ If "Yes" on line 5a or 5b, describe in Part III. 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: 6a Χ 6b Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Χ payments not described on lines 5 and 6? If "Yes," describe in Part III 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 8 Χ If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
KATHERINE E. SNIDER	(i)	223,154.	65,000.	NONE	NONE	31,620.	319,774.	NONE	
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
LAUREL P. WEST	(i)	178,511.	22,000.	NONE	NONE	30,041.	230,552.	NONE	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ABDULAI AIDOO	(i)	157,243.	16,000.	NONE	NONE	12,795.	186,038.	NONE	
3 VP OF FINANCE & ADM	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
4	(ii)								
	(i)								
	(ii)								
	(i)								
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Part | Supplemental Information

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

PART I, LINE 3:

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

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public

Inspection

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Name of the organization

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

Employer identification number

GOOD PLUS FOUNDATION, INC.

31-1777082

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods	X		17,520,114.	FMV			
6	Cars and other vehicles			17,320,111.	1111			
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		1	11,110.	EM17			
10	Securities - Closely held stock			11,110.	I I I V			
11	Securities - Closely field stock							
• • •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
14	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								
22	Taxidermy							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
	Other (
	Number of Forms 8283 received	hy the ora	anization during the tax v	ear for contributions for				
23	which the organization completed I				29			1
	which the organization completed i	01111 0200,	r art v, bonce neknowicage		[,]		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
oou	28, that it must hold for at least 3				_			
	used for exempt purposes for the e					30a		Х
h	If "Yes," describe the arrangement i	_	, ponou			-		
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
٠.	contributions?					31		X
32a	Does the organization hire or use							
<u>u</u>	contributions?			-		32a		Х
h	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in o	column (c) for a type of pro-	perty for which column (a)) is checked			
	describe in Part II.	aount iii t	o, for a type of pro	rest in minori column (a)	, .5 0110011001,			

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

Schedule M (Form 990) 2023

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service Name of the organization

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31-1777082

GOOD PLUS FOUNDATION, INC.

FORM 990, PART I, LINE 1:

FOUNDED IN 2001 BY JESSICA SEINFELD, GOOD+FOUNDATION IS A LEADING NATIONAL NON-PROFIT THAT WORKS TO DISMANTLE MULTI-GENERATIONAL POVERTY BY PAIRING TANGIBLE GOODS WITH INNOVATIVE SERVICES FOR LOW-INCOME FATHERS, MOTHERS, AND CAREGIVERS, CREATING AN UPWARD TRAJECTORY FOR THE WHOLE FAMILY. IN 2023, GOOD+ CROSSED THE \$1M THRESHOLD IN TOTAL CASH GRANTS SINCE THE LAUNCH OF THE PROGRAM IN 2020. CAREGIVERS ENROLLED IN GOOD+ PARTNER PROGRAMS USE THESE FUNDS TO HELP PAY FOR GROCERIES, RENT, HOLIDAY GIFTS, MEDICINE, AND CHILDCARE. IN 2023, 91 CENTS OF EVERY \$1 SPENT WENT INTO GOOD+ PROGRAMS.

FORM 990, PART III, LINE 1:

FOUNDED IN 2001, GOOD+FOUNDATION IS A LEADING NATIONAL NON-PROFIT THAT
WORKS TO DISMANTLE MULTI-GENERATIONAL POVERTY BY PAIRING TANGIBLE GOODS
WITH INNOVATIVE SERVICES FOR LOW-INCOME FATHERS, MOTHERS, AND CAREGIVERS,
CREATING AN UPWARD TRAJECTORY FOR THE WHOLE FAMILY. GOOD+ PARTNERS
INTENSIVELY WITH A VETTED NETWORK OF SOCIAL SERVICE PROGRAMS TO REACH
LONG-TERM SOLUTIONS TO THE PROBLEM OF SYSTEMIC POVERTY. GOOD+ DOES THIS
BY PAIRING GOODS - SUCH AS CRIBS, CAR SEATS, AND DIAPERS - WITH
COUNSELING, EMPLOYMENT ASSISTANCE, CO-PARENTING CLASSES, AND MORE.
CENTRAL TO ITS MODEL IS ITS COMMITMENT TO SUPPORT NON-CUSTODIAL AND
FORMERLY INCARCERATED FATHERS IN ORDER TO ADDRESS ONE OF THE ROOT CAUSES
OF GENERATIONAL POVERTY: FATHER ABSENCE. BY GIVING FATHERS TOOLS,
CONFIDENCE, AND OPPORTUNITIES TO RE-ENGAGE WITH THEIR FAMILIES, GOOD+ IS
IMPROVING OUTCOMES FOR CHILDREN. IN ADDITION TO PROVIDING IN-KIND PRODUCT

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GOOD PLUS FOUNDATION, INC.

31-1777082

DONATIONS ON A REGULAR BASIS, GOOD+ CONTINUES TO SUPPORT THE DIVERSE

NEEDS OF FAMILIES THROUGH FAMILY CASH GRANTS. WITH SYSTEMS CHANGE AS A

PRIMARY GOAL, THE GOOD+ TRAINING ACADEMY PROVIDES TECHNICAL ASSISTANCE

AND EDUCATION TO SOCIAL WORKERS, HOME VISITORS, AND OTHER FRONTLINE

WORKERS. TRAINING WORKSHOPS RANGE FROM FATHER ENGAGEMENT AND ADDRESSING

IMPLICIT BIAS IN CHILD WELFARE TO KINSHIP CARE. TAKEN AS WHOLE,

GOOD+FOUNDATION INITIATIVES ADDRESS KEY SYSTEMS AND BARRIERS THAT LEAD TO

GENERATIONAL POVERTY.

FORM 990, PART III, LINE 4A:

FATHERHOOD/DADS - THE GOOD+ TRAINING ACADEMY CONTINUED TO EXPAND IN SCOPE AND STAFFING IN 2023. THE ACADEMY PROVIDES VIRTUAL AND IN PERSON TRAINING, TECHNICAL ASSISTANCE, AND CAPACITY BUILDING TO TRANSFORM SOCIAL SERVICES SYSTEMS AND INCORPORATE FATHER-INCLUSIVE APPROACHES. GOOD+ TRAINED PRACTITIONERS IN 12 ADDITIONAL STATES BEYOND NY AND CA (AZ, CO, CT, DC, FL, NH, NJ, OH, OR, PA, SC, AND WA) AND ALSO DELIVERED KEYNOTE ADDRESSES AND VIRTUAL WORKSHOPS FOR NATIONAL CONVENINGS AS WELL. OVERALL, GOOD+ TRAINED 6,976 SOCIAL WORKERS, NURSE HOME VISITORS, AND CASEWORKERS (COMPARED TO 6,464 IN 2022) IN 1,269 HOURS OF TRAINING. THIS MEANS, GOOD+ PROVIDED 5,755,961 IN TOTAL TRAINING HOURS GIVEN OUR TRAIN-THE TRAINER APPROACH (AN 89% INCREASE IN 2023 THE TOTAL NUMBER OF TRAINING HOURS).

A KEY FOCUS OF ITS TRAINING ACADEMY IS TO BUILD THE CAPACITY OF THE LEADERS WITHIN ITS OWN PROGRAM PARTNER NETWORK AND IN 2023, GOOD+ BROUGHT TOGETHER 195 LEADERS FROM ITS PROGRAM PARTNERS FOR 390 HOURS OF TRAINING.

FORM 990, PART III, LINE 4B:

Supplemental Information to Form 990 or 990-EZ

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GOOD PLUS FOUNDATION, INC.

31-1777082

MOTHERS - GOOD+FOUNDATION INVESTS IN QUALITY MOTHERHOOD PROGRAMS AIMED AT IMPROVING THE ECONOMIC SELF-SUFFICIENCY OF THE FAMILY, PROVIDE POSITIVE PARENTING SUPPORT AND TRAINING, IMPROVE PRENATAL AND PERINATAL HEALTH, AND CREATE A COMMUNITY OF SUPPORT FOR LOW-INCOME MOTHERS. GOOD+ DONATED 2,939,005 ITEMS WORTH OVER \$17 MILLION DOLLARS TO OUR GRANTEE PARTNERS IN 2023, A RECORD HIGH FOR THE ORGANIZATION. DIAPERS CONTINUED TO BE AN ESSENTIAL NEED AND GOOD+ DONATED 1,591,604 DIAPERS IN 2023. THIS BRINGS THE TOTAL OF DIAPERS DONATED TO FAMILIES IN ITS NETWORK TO 35,932,615, SINCE ITS INCEPTION. GOOD+ MET 97.71% (COMPARED TO 96.85% IN 2022) OF ITS PARTNERS' CRITICAL GEAR REQUESTS, INCLUDING 1,466 CAR SEATS, 1,397 STROLLERS, 935 FEEDING SEATS, 676 FRONT CARRIERS, 510 PLAYPENS, 353 SAFETY GATES, AND 214 CRIBS. GOOD+ HAS NOW DONATED OVER \$112 MILLION IN PRODUCT SINCE 2001.

FORM 990, PART III, LINE 4C:

EDUCATION - GOOD+FOUNDATION CONTINUED TO WORK WITH EARLY CHILDHOOD

PROGRAMS THAT PROVIDED COMPREHENSIVE SERVICES TO HELP CHILDREN "OUTGROW"

POVERTY, HELPING THEM STAY SAFE, HEALTHY, AND HAPPY. IN 2023 GOOD+ SERVED

215,833 FAMILIES THROUGH 86 REGULAR NETWORK PARTNERS IN LA & NY, AND 47

NATIONAL AND CRISIS INTERVENTION PARTNERS. THIS INCLUDED 295,351

CHILDREN, 149,180 MOTHERS, AND 76,645 FATHERS. GOOD+ ALSO HOSTED SEVERAL

PROGRAM FAMILY OUTINGS IN 2023, WITH THE LA CHARGERS, ANGEL CITY FC,

DANCE AND THEATER COMPANIES, AND ITS PARTNER NORDSTROM, WHO WELCOMED

FAMILIES IN LOS ANGELES AND NEW YORK FOR THEIR SPECIAL SANTA BRUNCHES FOR

THE FOURTH YEAR.

FORM 990, PART III, LINE 4D:

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GOOD PLUS FOUNDATION, INC.

31-1777082

CRISIS INTERVENTION - IN 2023, GOOD+ CONTINUED TO SUPPORT UNDER-RESOURCED AND AT-RISK CHILDREN AND FAMILIES WHO WERE LIVING IN POVERTY AND FACING CHALLENGING CIRCUMSTANCES - FROM THE CONTINUED EFFECTS OF INFLATION ON THE ECONOMY, END OF CERTAIN GOVERNMENT SUPPORT AND PROGRAMS, TO RISING GENERAL COSTS OF GOODS AND SERVICES. GOOD+ GRANTED OUT \$300,200 THROUGH ITS FAMILY CASH GRANT PROGRAM TO HELP ADDRESS THESE NEEDS, FOR MORE THAN 1,500 FAMILIES IN NYC, LA, AND NATIONALLY.

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

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

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

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

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

THE BOARD OF DIRECTORS RECEIVE THE CONFLICT OF INTEREST POLICY AND ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT PRIOR TO THE ANNUAL (USUALLY

Supplemental Information to Form 990 or 990-EZ

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GOOD PLUS FOUNDATION, INC.

31-1777082

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Name of the organization

GOOD PLUS FOUNDATION, INC.

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FORM 990, PART VI, LINE 17 - STATES

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

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SADI COHEN

835 SOUTH WOOSTER STREET

LOS ANGELES, CA 90035 RENTAL 157,632.

CORE Z OPERATIONS, LLC

1356 BROADWAY

NEW YORK, NY 10018 EVENTS VENUE 138,880.