

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 01/01/2024 and ending 12/31/2024

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

GOOD PLUS FOUNDATION, INC.

31-1777082

Name and title of officer or person subject to tax

LAUREL PARKER WEST, INTERIM CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>16085944.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BDO USA to enter my PIN 77082 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program

Signature of officer or person subject to tax Laurel P. West Date 08/01/2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43992681590

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KIMBERLY A. TORTORA Date 08/01/2025

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

JSA

4X3008 3.000

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Header section containing organization name (GOOD PLUS FOUNDATION, INC.), EIN (31-1777082), address (306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018), and principal officer (LAUREL PARKER WEST).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (21,859,408), expenses (21,424,032), and net assets (4,947,534).

Part II Signature Block

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

Signature block containing officer signature (LAUREL PARKER WEST, INTERIM CEO) and preparer information (KIMBERLY TORTORA, BDO USA).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 5,956,397 including grants of \$ 4,964,516) (Revenue \$ 0)
FATHERHOOD/DADS - THE GOOD+ FATHERHOOD INITIATIVE AIMS TO IMPROVE THE ECONOMIC SELF-SUFFICIENCY OF FATHERS, CREATE A COMMUNITY OF SUPPORT FOR LOW-INCOME, CUSTODIAL AND NON-CUSTODIAL FATHERS, AND PROMOTE FATHER ENGAGEMENT STRATEGIES THAT INCORPORATE FATHERS AND FATHER FIGURES IN CHILD DEVELOPMENT AND PARENTING. PROGRAM PARTNERS HAVE ACCESS TO IN-KIND DONATIONS, TECHNICAL SUPPORT THROUGH THE TRAINING ACADEMY, AND FAMILY CASH GRANTS. IN 2024, GOOD+ TRAINED 5,799 SOCIAL WORKERS, NURSE HOME VISITORS, CASEWORKERS, AND ADMINISTRATORS IN 16 STATES BEYOND NY AND CA (AZ, CO, CT, DC, FL, NH, NJ, OH, OR, PA, SC, TX, NV, OK AND WA) AND DELIVERED 5 KEYNOTE ADDRESSES AND 9 VIRTUAL WORKSHOPS FOR NATIONAL CONVENINGS ON FATHERS ENGAGEMENT AND TRAUMA-INFORMED CARE. GOOD+ ALSO PROVIDED 26 TECHNICAL ASSISTANCE SESSIONS AND ARE COLLABORATING WITH NYC'S ADMINISTRATION FOR CHILDREN'S SERVICES TO ENHANCE FATHER-FOCUSED PRACTICES.

4b (Code:) (Expenses \$ 5,040,049 including grants of \$ 4,320,258) (Revenue \$ 0)
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 1,897,918 ITEMS WORTH OVER \$12 MILLION DOLLARS TO OUR GRANTEE PARTNERS IN 2024. DIAPERS CONTINUED TO BE AN ESSENTIAL NEED AND GOOD+ DONATED 1,005,018 DIAPERS IN 2024, BRINGING A TOTAL OF 36,937,633 DIAPERS DONATED TO FAMILIES SINCE ITS INCEPTION. GOOD+ MET 99.6% (COMPARED TO 97.7% IN 2023) OF ITS PARTNERS' CRITICAL GEAR REQUESTS, INCLUDING 1,658 STROLLERS, 1,437 PLAYPENS, 1,345 CAR SEATS, 1,030 FRONT CARRIERS, 1,014 FEEDING SEATS, 427 SAFETY GATES, AND 330 CRIBS. GOOD+ HAS NOW DONATED OVER \$124 MILLION IN PRODUCT SINCE 2001.

4c (Code:) (Expenses \$ 3,544,144 including grants of \$ 3,123,744) (Revenue \$ 128,060)
CRISIS INTERVENTION - GOOD+ CONTINUED TO DONATE ESSENTIAL CHILDREN'S PRODUCTS TO PROGRAMS THAT PROVIDED SERVICES FOR CHILDREN AND FAMILIES LIVING IN POVERTY AND FACING CHALLENGING CIRCUMSTANCES. IN 2024, GOOD+ GRANTED OUT \$325,800 THROUGH ITS FAMILY CASH GRANT PROGRAM TO HELP FAMILIES PAY FOR GROCERIES, RENT, HOLIDAY GIFTS, MEDICINE, AND CHILDCARE.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,637,779

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	30		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	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			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	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			✓
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).				
a	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		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
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? If "Yes," complete Form 6069.	17			

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

Section 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 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.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		✓

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
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 purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	✓	
12c		✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	✓	
b	Other officers or key employees of the organization	✓	
	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 arrangement with a taxable entity during the year?		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 THE ORGANIZATION, 306 W. 37TH STREET, 8TH FLOOR, NEW YORK, NY 10018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE E. SNIDER CEO (THRU 11/1/24)	40.0			✓				309,170	0	34,412
(2) LAUREL P. WEST INTERIM CEO (AS OF 11/1/24)	40.0			✓				217,720	0	38,671
(3) ABDULAI AIDOO VP OF FINANCE & ADM	40.0			✓				173,836	0	13,813
(4) JENNIFER MOORE VP OF ADVANCEMENT	40.0				✓			165,663	0	6,347
(5) RICARDO JUSTINIANO VP OF NATIONAL PROGRAMS & OPERATIONS	40.0					✓		108,432	0	23,523
(6) ALAN-MICHAEL GRAVES SR DIR OF LEARNING/CAPACITY	40.0					✓		109,726	0	12,646
(7) SHELBY E. MCCLELLAND DIRECTOR OF INSTITUTIONAL GIVING	40.0					✓		103,355	0	9,984
(8) EMMANUEL AIDOO DIRECTOR AND TREASURER	3.0	✓		✓				0	0	0
(9) JENNIFER FRANKLIN DIRECTOR AND SECRETARY	3.0	✓		✓				0	0	0
(10) JESSICA SEINFELD DIRECTOR, FOUNDER & CHAIR	10.0	✓		✓				0	0	0
(11) ALI WENTWORTH DIRECTOR	1.0	✓						0	0	0
(12) AMANDA ROTKEL DIRECTOR (AS OF 7/24/24)	2.0	✓						0	0	0
(13) BARA TISCH DIRECTOR	1.0	✓						0	0	0
(14) BEVERLY MILLS DIRECTOR (THRU 9/13/24)	1.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CONNIE VERDUCCI DIRECTOR	1.0	✓					0	0	0	
(16) JASON WILLIAMS DIRECTOR	1.0	✓					0	0	0	
(17) JENNIFER GARCIA ALLEN DIRECTOR	1.0	✓					0	0	0	
(18) JENNIFER KOEN DIRECTOR	1.0	✓					0	0	0	
(19) KARA MOORE DIRECTOR	2.0	✓					0	0	0	
(20) LESLIE SIMMONS BRILLE DIRECTOR (AS OF 10/30/24)	1.0	✓					0	0	0	
(21) MARY KITCHEN DIRECTOR	1.0	✓					0	0	0	
(22) MICHAEL NISSAN DIRECTOR	1.0	✓					0	0	0	
(23) NELLE MILLER DIRECTOR (AS OF 3/21/24)	1.0	✓					0	0	0	
(24) SARAH MICHELLE GELLAR DIRECTOR	1.0	✓					0	0	0	
(25) (SEE STATEMENT)										
1b Subtotal							1,187,902	0	139,396	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							1,187,902	0	139,396	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SADI COHEN, 835 SOUTH WOOSTER STREET, LOS ANGELES, CA 90035	RENT/LEASE PAYMENT	171,146
KORN FERRY (US), 1900 AVENUE OF THE STARS, STE 1500, LOS ANGELES, CA 90067	RECRUITMENT SERVICES	110,000

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	19,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	15,757,680				
	g	Noncash contributions included in lines 1a-1f	\$ 13,001,525				
	h	Total. Add lines 1a-1f	15,776,680				
	Program Service Revenue	2a	FEES FOR SERVICES	128,060	128,060		
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .	0	0	0	0	
g		Total. Add lines 2a-2f	128,060				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	168,294			168,294	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,308,869			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	2,295,959				
	c	Gain or (loss)	12,910	0			
	d	Net gain or (loss)	12,910			12,910	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	-----					
	b	-----					
	c	-----					
	d	All other revenue	0	0	0	0	
	e	Total. Add lines 11a-11d	0				
12	Total revenue. See instructions	16,085,944	128,060	0	181,204		

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, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,210,760	14,210,760		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	959,632	551,021	197,972	210,639
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,447,155	652,146	407,050	387,959
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,574	19,060	7,649	8,865
9	Other employee benefits	171,233	88,789	36,807	45,637
10	Payroll taxes	188,904	100,482	40,672	47,750
11	Fees for services (nonemployees):				
a	Management				
b	Legal	7,000		7,000	
c	Accounting	84,974		84,838	136
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25,257		25,257	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	146,995	49,208	60,310	37,477
12	Advertising and promotion	12,694			12,694
13	Office expenses	156,522	60,067	61,753	34,702
14	Information technology	46,293	24,232	10,250	11,811
15	Royalties				
16	Occupancy	523,263	352,990	85,890	84,383
17	Travel	14,371	10,456	1,492	2,423
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,335	7,670	13,057	3,608
23	Insurance	27,847	14,904	5,937	7,006
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>PROGRAM SUPPLIES</u>	348,328	348,328		
b	<u>RECRUITING EXPENSES</u>	109,932	62,718	46,384	830
c	<u>REPAIRS AND MAINTENANCE</u>	42,987	38,964	3,661	362
d	<u>PROGRAM DELIVERY</u>	25,984	25,984		
e	All other expenses	20,000	20,000	0	0
25	Total functional expenses. Add lines 1 through 24e	18,630,040	16,637,779	1,095,979	896,282
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,360,550	1	918,121
	2 Savings and temporary cash investments	41,256	2	43,075
	3 Pledges and grants receivable, net	128,404	3	376,466
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,228,854	8	1,345,419
	9 Prepaid expenses and deferred charges	28,320	9	29,567
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 137,600		
	b Less: accumulated depreciation	10b 121,904	22,753	10c 15,696
	11 Investments—publicly traded securities	3,661,210	11	2,518,122
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	40,000	14	30,000
	15 Other assets. See Part IV, line 11	1,752,320	15	1,308,996
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,263,667	16	6,585,462	
Liabilities	17 Accounts payable and accrued expenses	178,003	17	271,611
	18 Grants payable		18	
	19 Deferred revenue		19	60,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	1,722,467	25	1,306,317
	26 Total liabilities. Add lines 17 through 25	1,900,470	26	1,637,928
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,263,801	27	4,572,624
	28 Net assets with donor restrictions	99,396	28	374,910
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,363,197	32	4,947,534
33 Total liabilities and net assets/fund balances	9,263,667	33	6,585,462	

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	16,085,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,630,040
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,544,096)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,363,197
5	Net unrealized gains (losses) on investments	5	128,433
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,947,534

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) STACEY BENDET EISNER ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) VERONICA SWANSON BEARD ----- DIRECTOR	1.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,809,890	13,741,663	17,166,422	21,510,046	15,776,680	82,004,701
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	13,809,890	13,741,663	17,166,422	21,510,046	15,776,680	82,004,701
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)						22,070,290
6 Public support. Subtract line 5 from line 4						59,934,412

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	13,809,890	13,741,663	17,166,422	21,510,046	15,776,680	82,004,701
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	75,912	58,925	111,672	203,971	168,294	618,774
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						82,623,475
12 Gross receipts from related activities, etc. (see instructions)					12	347,760
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	72.54 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	73.80 %
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	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 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 C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 2,378,744	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 1,690,824	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,632,150	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,095,637	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 891,339	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 752,948	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 655,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 519,755	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 361,532	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 331,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	FRAGRANCE, SKINCARE, & BEAUTY PRODUCTS ----- ----- -----	\$ 2,078,744	12/31/2024
2	INFANT FORMULA ----- ----- -----	\$ 1,690,824	12/31/2024
3	CHILDREN'S CLOTHING, SHOES, ACCESSORIES, & OUTERWEAR ----- ----- -----	\$ 1,632,150	12/31/2024
4	ASSORTED BABY PRODUCTS & ACCESSORIES ----- ----- -----	\$ 1,095,637	12/31/2024
5	BABY FORMULA AND BABY FOOD ----- ----- -----	\$ 891,339	12/31/2024
6	BABY WIPES AND DIAPERS ----- ----- -----	\$ 752,948	12/31/2024

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
7	CHILDREN'S CLOTHING ----- ----- -----	\$ 655,000	12/31/2024
8	PRENATAL VITAMINS & SUPPLEMENTS ----- ----- -----	\$ 519,755	12/31/2024
9	BABY BASSINETS & STROLLERS ----- ----- -----	\$ 361,532	12/31/2024
10	CHILDREN'S ACCESSORIES, CLOTHING & SHOES ----- ----- -----	\$ 331,000	12/31/2024
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization GOOD PLUS FOUNDATION, INC.	Employer identification number 31-1777082
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

(a) No. from Part I	(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 Part I	(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 Part I	(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
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: GOOD PLUS FOUNDATION, INC. Employer identification number: 31-1777082

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **Yes** **No**

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		132,318	118,823	13,495
e Other		5,282	3,081	2,201
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				15,696

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) 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)		
(3)		
(4)		
(5)		
(6)		
(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	1,270,934
(2) SECURITY DEPOSIT	25,900
(3) FUNDRAISING HOLDING ACCOUNT	12,162
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,308,996

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	1,306,317
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,306,317

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 XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IX - 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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION WAS INCORPORATED IN THE STATE OF DELAWARE 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, 2024.</p> <p>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 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 YEARS ENDED DECEMBER 31, 2024 AND 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, 2024 AND 2023, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.</p>

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD PLUS FOUNDATION, INC.

**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.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

31-1777082

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RIVER FUND NEW YORK, INC. 89-11 LEFFERTS BLVD, RICHMOND HILL, NY 11419	11-3450363	501(C)(3)		4,854,364	FMV	PARENTING GOODS	SEE PART IV
(2) WORLD HARVEST CHARITIES & FAMILY SVCS 3100 VENICE BLVD, LOS ANGELES, CA 90019	39-2064653	501(C)(3)		2,099,045	FMV	PARENTING GOODS	SEE PART IV
(3) SHELTER PARTNERSHIP INC. 5600 RICKENBACKER RD, BELL, CA 90201	95-3976214	501(C)(3)		714,909	FMV	PARENTING GOODS	SEE PART IV
(4) SCO FAMILY OF SERVICES 1 ALEXANDER PLACE, GLEN COVE, NY 11542	11-2777066	501(C)(3)	16,000	503,215	FMV	PARENTING GOODS	SEE PART IV
(5) CHILDREN'S INSTITUTE INC. 2121 W. TEMPLE STREET, LOS ANGELES, CA 90026	95-1641424	501(C)(3)	8,000	435,519	FMV	PARENTING GOODS	SEE PART IV
(6) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET, BRONX, NY 10467	13-1740114	501(C)(3)	29,000	402,566	FMV	PARENTING GOODS	SEE PART IV
(7) FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FL, NEW YORK, NY 10006	13-3179546	501(C)(3)		417,118	FMV	PARENTING GOODS	SEE PART IV
(8) FRIENDS OUTSIDE IN LOS ANGELES COUNTY 261 E COLORADO BLVD, PASADENA, CA 91101	95-3557032	501(C)(3)	8,000	402,649	FMV	PARENTING GOODS	SEE PART IV
(9) LA COUNTY DEPT OF PUBLIC HEALTH 600 S. COMMONWEALTH AVE, LA, CA 90005	95-6000927	COUNTY AGENCY	8,000	345,528	FMV	PARENTING GOODS	SEE PART IV
(10) EL NIDO FAMILY CENTERS 10200 SEPULVEDA BLVD, MISSION HILLS, CA 91345	95-3186429	501(C)(3)	28,000	311,843	FMV	PARENTING GOODS	SEE PART IV
(11) THE BROOKLYN HOSPITAL CENTER 255 DUFFIELD ST FL 3, BROOKLYN, NY 11201	11-1630755	501(C)(3)		298,624	FMV	PARENTING GOODS	SEE PART IV
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 67
- 3** Enter total number of other organizations listed in the line 1 table 0

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) NIDO DE ESPERANZA CHARITABLE SOCIETY 4111 BROADWAY, NEW YORK, NY 10033	82-5510616	501(C)(3)	8,000	170,631	FMV	PARENTING GOODS	SEE PART IV
(13) PUBLIC HEALTH SOLUTIONS 220 CHURCH STREET, NEW YORK, NY 10013	13-5669201	501(C)(3)	14,000	161,160	FMV	PARENTING GOODS	SEE PART IV
(14) FORESTDALE, INC. 6735 112TH STREET, FOREST HILLS, NY 11375	11-1631747	501(C)(3)	13,000	157,358	FMV	PARENTING GOODS	SEE PART IV
(15) PROJECT JOY 5023 W. AVE N #10232, PALMDALE, CA 93551	47-2796137	501(C)(3)	12,000	145,206	FMV	PARENTING GOODS	SEE PART IV
(16) UNIVERSITY HEIGHTS EDUCATIONAL & CULTURAL DEVELOPM 5 BLUE SLIP, 21 MS., BROOKLYN, NY 11222	13-4017676	501(C)(3)		132,247	FMV	PARENTING GOODS	SEE PART IV
(17) WOMEN'S HOUSING AND ECONOMIC DEV. CORP. 50 E 168TH STREET, BRONX, NY 10452	11-3099604	501(C)(3)	8,000	119,822	FMV	PARENTING GOODS	SEE PART IV
(18) NEW YORK CITY POLICE FOUNDATION, INC. 555 5TH AVE, 15TH FL, NEW YORK, NY 10017	13-2711338	501(C)(3)		123,862	FMV	PARENTING GOODS	SEE PART IV
(19) LIFT INC 1620 I STREET NW STE 820, WASHINGTON, DC 20006	52-2168409	501(C)(3)	12,000	99,453	FMV	PARENTING GOODS	SEE PART IV
(20) RISING GROUND, INC. 151 LAWRENCE ST, BROOKLYN, NY 11201	13-1860451	501(C)(3)		96,582	FMV	PARENTING GOODS	SEE PART IV
(21) PEDIATRIC & FAMILY MEDICAL CENTER DBA EISNER HEALTH 1530 S OLIVE ST, LOS ANGELES, CA 90015	95-1690966	501(C)(3)	6,000	86,681	FMV	PARENTING GOODS	SEE PART IV
(22) URBAN PARTNERS LOS ANGELES INC. 2936 W 8TH ST, LOS ANGELES, CA 90005	95-4582297	501(C)(3)		92,102	FMV	PARENTING GOODS	SEE PART IV
(23) SAFE HORIZON, INC. 2 LAFAYETTE STREET, NEW YORK, NY 10007	13-2946970	501(C)(3)	8,000	83,940	FMV	PARENTING GOODS	SEE PART IV
(24) LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SER 333 E 115TH STREET, NEW YORK, NY 10029	13-2867881	501(C)(3)		91,125	FMV	PARENTING GOODS	SEE PART IV
(25) CHILDRENS LAW CENTER OF CALIFORNIA 101 CENTRE PLAZA DRIVE, MONTEREY PARK, CA 91754	95-4252143	501(C)(3)	8,000	74,155	FMV	PARENTING GOODS	SEE PART IV
(26) PENNY LANE CENTERS 15305 RAYEN ST, NORTH HILLS, CA 91343	95-2633765	501(C)(3)	8,000	72,706	FMV	PARENTING GOODS	SEE PART IV
(27) THE LOS ANGELES VALLEY COLLEGE FOUNDATION 5800 FULTON AVE, VALLEY GLEN, CA 91401	23-7349231	501(C)(3)	8,000	71,479	FMV	PARENTING GOODS	SEE PART IV

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) THE FLOATING HOSPITAL INC 21-01 41ST AVENUE, LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)		78,872	FMV	PARENTING GOODS	SEE PART IV
(29) CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT 151 LAWRENCE STREET, BROOKLYN, NY 11201	13-2668080	501(C)(3)	6,400	70,407	FMV	PARENTING GOODS	SEE PART IV
(30) HELPING MAMAS INC. 1849 KENION POINT, SNELLVILLE, GA 30078	47-1381339	501(C)(3)		67,680	FMV	PARENTING GOODS	SEE PART IV
(31) ST ANNES MATERNITY HOME 155 NORTH OCCIDENTAL BLVD, LOS ANGELES, CA 90026	95-1691306	501(C)(3)	8,000	55,377	FMV	PARENTING GOODS	SEE PART IV
(32) BLACK WOMEN FOR WELLNESS 11833 WILMINGTON AVE, LOS ANGELES, CA 90059	95-4624707	501(C)(3)		61,506	FMV	PARENTING GOODS	SEE PART IV
(33) LENOX HILL NEIGHBORHOOD HOUSE, INC. 331 E. 70TH STREET, NEW YORK, NY 10021	13-1628180	501(C)(3)	8,000	52,211	FMV	PARENTING GOODS	SEE PART IV
(34) HOMEBOY INDUSTRIES 130 W. BRUNO STREET, LOS ANGELES, CA 90012	95-4800735	501(C)(3)	8,000	50,892	FMV	PARENTING GOODS	SEE PART IV
(35) BRONXWORKS INC. 22 CORTLANDT STREET, NEW YORK, NY 10007	13-3254484	501(C)(3)		58,007	FMV	PARENTING GOODS	SEE PART IV
(36) NORTHERN MANHATTAN PERINATAL PARTNERSHIP 127 W 127TH ST, 3RD FL, NEW YORK, NY 10027	13-3782555	501(C)(3)		56,170	FMV	PARENTING GOODS	SEE PART IV
(37) CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION 1401 SOUTH GRAND AVE, LOS ANGELES, CA 90015	95-4000909	501(C)(3)	8,000	46,902	FMV	PARENTING GOODS	SEE PART IV
(38) VENICE FAMILY CLINIC 604 ROSE AVE, VENICE, CA 90291	95-2769432	501(C)(3)		54,391	FMV	PARENTING GOODS	SEE PART IV
(39) MARTIN LUTHER KING JR LOS ANGELES HEALTHCARE CORP. 1680 E 120TH ST, LOS ANGELES, CA 90059	27-4658935	501(C)(3)		51,261	FMV	PARENTING GOODS	SEE PART IV
(40) EXPECTING RELIEF 2832 FULTON ST, BROOKLYN, NY 11207	36-4722105	501(C)(3)		47,707	FMV	PARENTING GOODS	SEE PART IV
(41) SPIRITT FAMILY SERVICES 8000 PAINTER AVE, WHITTIER, CA 90602	95-2852683	501(C)(3)		42,546	FMV	PARENTING GOODS	SEE PART IV
(42) LA GUARDIA EDUCATION FUND INCORPORATED 3110 THOMSON AVE, LONG ISLAND CITY, NY 11101	11-2644089	501(C)(3)	8,000	33,798	FMV	PARENTING GOODS	SEE PART IV
(43) SAN BERNARDINO FATHERHOOD 1274 S. WATERMAN AVE, SAN BERNARDINO, CA 92408	81-2607816	501(C)(3)	2,000	35,955	FMV	PARENTING GOODS	SEE PART IV
(44) ADVANCEMENT THROUGH OPP. AND KNOWLEDGE INC. 1200 W. 37TH PLACE, LOS ANGELES, CA 90007	95-4415115	501(C)(3)		37,630	FMV	PARENTING GOODS	SEE PART IV

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) SHIELDS FOR FAMILIES PO BOX 59129, LOS ANGELES, CA 90059	95-4336420	501(C)(3)	14,600	18,457	FMV	PARENTING GOODS	SEE PART IV
(46) JUSTICE INNOVATION INC. 520 EIGHTH AVENUE, NEW YORK, NY 10018	85-2810883	501(C)(3)	2,000	29,863	FMV	PARENTING GOODS	SEE PART IV
(47) PUBLIC HEALTH FOUNDATION ENTERPRISES INC. 13300 CROSSROADS PARKWAY NORTH, SUITE 450, CITY OF INDUSTRY, CA 91746	95-2557063	501(C)(3)		31,260	FMV	PARENTING GOODS	SEE PART IV
(48) AVANCE INC. 4281 DACOMA ST, HOUSTON, TX 77092	91-1780562	501(C)(3)	30,000	0			SEE PART IV
(49) KINGSBOROUGH COMMUNITY COLLEGE FOUNDATION 2001 ORIENTAL BLVD, BROOKLYN, NY 11235	11-2620778	501(C)(3)		27,818	FMV	PARENTING GOODS	SEE PART IV
(50) HOMES FOR THE HOMELESS INC. 36 COOPER SQUARE, NEW YORK, NY 10003	13-3351420	501(C)(3)		23,971	FMV	PARENTING GOODS	SEE PART IV
(51) THE CHILD CENTER OF NY, INC. 6002 QUEENS BLVD, WOODSIDE, NY 11377	11-1733454	501(C)(3)		22,291	FMV	PARENTING GOODS	SEE PART IV
(52) CITY OF LONG BEACH 6335 MYRTLE AVE, LONG BEACH, CA 90805	11-6000351	CITY AGENCY		21,918	FMV	PARENTING GOODS	SEE PART IV
(53) PASSAGES CONNECTING FATHERS AND SONS, INC. 4600 CARNEGIE AVENUE, CLEVELAND, OH 44103	51-0455278	501(C)(3)	12,800	8,836	FMV	PARENTING GOODS	SEE PART IV
(54) CATHOLIC GUARDIAN SERVICES 1011 FIRST AVENUE, NEW YORK, NY 10022	13-5562186	501(C)(3)		20,415	FMV	PARENTING GOODS	SEE PART IV
(55) LIVING BRIDGES INC 115-25 METROPOLITAN AVE, RICHMOND HILL, NY 11418	85-3699335	501(C)(3)		20,397	FMV	PARENTING GOODS	SEE PART IV
(56) EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE FDN. 500 GRAND CONCOURSE, BRONX, NY 10451	13-3116643	501(C)(3)		19,324	FMV	PARENTING GOODS	SEE PART IV
(57) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD, LOS ANGELES, CA 90027	95-1690977	501(C)(3)	8,000	9,730	FMV	PARENTING GOODS	SEE PART IV
(58) ONEGENERATION 17400 VICTORY BLVD, RESEDA, CA 91335	95-4066979	501(C)(3)	8,000	9,453	FMV	PARENTING GOODS	SEE PART IV
(59) GIVING FRIENDS 1434 CROSBY AVE, BRONX, NY 10461	85-0609954	501(C)(3)		16,910	FMV	PARENTING GOODS	SEE PART IV
(60) FBI 26 FEDERAL PLAZA, NEW YORK, NY 10278	(FBI)	FEDERAL AGENCY		16,839	FMV	PARENTING GOODS	SEE PART IV
(61) GRAHAM-WINDHAM ONE PIERREPOINT PLAZA, SUITE 901, BROOKLYN, NY 11201	13-2926426	501(C)(3)		16,785	FMV	PARENTING GOODS	SEE PART IV
(62) NEW YORK CITY HEALTH AND HOSPITALS CORP. 160 WATER STREET, NEW YORK, NY 10038	13-2655001	501(C)(3)		13,892	FMV	PARENTING GOODS	SEE PART IV

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
⁽⁶³⁾ AMERICAN INDIAN COMMUNITY COUNCIL 140 N 5TH AVENUE, MONROVIA, CA 91016	27-3252826	501(C)(3)		13,415	FMV	PARENTING GOODS	SEE PART IV
⁽⁶⁴⁾ YOUTH JUSTICE NETWORK INC. 424 E 147TH STREET, BRONX, NY 10027	13-3576756	501(C)(3)		10,421	FMV	PARENTING GOODS	SEE PART IV
⁽⁶⁵⁾ HER VILLAGE INC. 5030 BROADWAY, NEW YORK, NY 10034	84-4788076	501(C)(3)		8,769	FMV	PARENTING GOODS	SEE PART IV
⁽⁶⁶⁾ CHILDREN'S MUSEUM OF MANHATTAN 212 WEST 83RD STREET, NEW YORK, NY 10024	13-2761376	501(C)(3)		6,742	FMV	PARENTING GOODS	SEE PART IV
⁽⁶⁷⁾ STRIVE INTERNATIONAL, INC. 240 EAST 123RD ST, NEW YORK, NY 10035	13-3255679	501(C)(3)		6,142	FMV	PARENTING GOODS	SEE PART IV

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE ORGANIZATION REQUIRES PROGRAM PARTNERS TO SUBMIT ANNUAL IMPACT REPORTS, SHOWING USE OF FUNDS AND TO DETERMINE WHETHER THEY STILL MEET THE CRITERIA TO RECEIVE ADDITIONAL FUNDS. THOSE THAT NO LONGER MEET THE ORGANIZATION'S CRITERIA ARE NOT RENEWED. ALL EXISTING PARTNERS WERE ALSO INVITED TO APPLY FOR A CASH GRANT. THE CASH GRANTS WERE AWARDED BASED ON CAREFUL REVIEW OF PROPOSED OUTLINED USES OF FUNDS AND NEED.
SCHEDULE I, PART II, LINE 1(H) - PART II, LINE 1, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE:	TO PROVIDE ESSENTIAL CLOTHING, PRODUCTS AND GEAR FOR CHILDREN AND PARENTS IN NEED.

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | ✓ |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | ✓ |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | ✓ |

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

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

- | | | |
|--|-----------|---|
| a The organization? | 5a | ✓ |
| b Any related organization? | 5b | ✓ |

If "Yes" on line 5a or 5b, describe in Part III.

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

- | | | |
|--|-----------|---|
| a The organization? | 6a | ✓ |
| b Any related organization? | 6b | ✓ |

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHERINE E. SNIDER CEO (THRU 11/1/24)	(i)	239,170	70,000	0	34,412	343,582	0
	(ii)	0	0	0	0	0	0
2 LAUREL P. WEST INTERIM CEO (AS OF 11/1/24)	(i)	217,720	0	0	38,671	256,391	0
	(ii)	0	0	0	0	0	0
3 ABDULAI AIDOO VP OF FINANCE & ADM	(i)	163,836	10,000	0	13,813	187,649	0
	(ii)	0	0	0	0	0	0
4 JENNIFER MOORE VP OF ADVANCEMENT	(i)	158,663	7,000	0	6,347	172,010	0
	(ii)	0	0	0	0	0	0
5	(i)						
(ii)							
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5	✓		13,001,525	MARKET VALUE
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	1
----	---	----	---

	Yes	No
30a		✓
31		✓
32a		✓
33		

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Return Reference - Identifier	Explanation
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 2024, FAMILIES LIVING IN POVERTY FACED INTENSIFIED ECONOMIC STRAIN FROM PERSISTENT INFLATION, REDUCED SAFETY NETS, RISING HOUSING AND FOOD COSTS, AND CLIMATE-DRIVEN TRAGEDIES, ALL EXACERBATED BY SYSTEMIC INEQUITIES AND POLICY UNCERTAINTY. IN THE FACE OF THESE CHALLENGES, GOOD+ RESPONDED BY BOTH EXPANDING OUR IMPACT AND DEEPENING ENGAGEMENT WITH FAMILIES NATIONWIDE. GOOD+ DONATED \$12.8 MILLION IN ESSENTIAL FAMILY CARE GOODS, INCLUDING OVER \$1MILLION IN DIAPERS, AND SERVED NEARLY 100,000 FAMILIES ACROSS THE NATION. IN 2024, 89 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 THIS OBJECTIVE IS THE FOCUS ON SYSTEMIC AND INDIVIDUAL OBSTACLES THAT EXCLUDE FATHERS FROM THEIR CHILDREN'S LIVES AND WELL-BEING. 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 DONATIONS ON A REGULAR BASIS, GOOD+ CONTINUES TO SUPPORT THE DIVERSE NEEDS OF FAMILIES THROUGH FAMILY CASH GRANTS. GOOD+ HAS DONATED NEARLY \$1.5 MILLION IN TOTAL CASH GRANTS SINCE THE PROGRAM WAS LAUNCHED IN 2020. GOOD+ PARTNER PROGRAMS USE THESE FUNDS TO HELP PAY FOR GROCERIES, RENT, HOLIDAY GIFTS, MEDICINE, AND CHILDCARE. IN 2024, FUNDS WERE DISTRIBUTED TO OVER 1,600 FAMILIES IN INCREMENTS OF \$200.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$2,097,189 INCLUDING GRANTS OF \$1,802,242)(REVENUE \$0) EDUCATION - GOOD+ CONTINUED TO WORK WITH EARLY CHILDHOOD PROGRAMS THAT PROVIDED COMPREHENSIVE SERVICES TO HELP CHILDREN "OUTGROW" POVERTY, HELPING THEM STAY SAFE, HEALTHY, AND HAPPY. IN 2024, GOOD+ SERVED 99,412 FAMILIES THROUGH 85 REGULAR NETWORK PARTNERS IN LA & NY, AND 44 NATIONAL AND CRISIS INTERVENTION PARTNERS. THIS INCLUDED 121,528 CHILDREN, 67,851 MOTHERS, AND 41,093 FATHERS. GOOD+ HOSTED A NUMBER OF PROGRAM FAMILY OUTINGS IN 2024, WITH AMC THEATRES, THE METROPOLITAN MUSEUM OF ART, THE NEW YORK METS, AND PAUL TAYLOR DANCE COMPANY. GOOD+ PARTNER NORDSTROM WELCOMED FAMILIES IN LOS ANGELES AND NEW YORK FOR THEIR SPECIAL SANTA BRUNCHES FOR THE FIFTH YEAR.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	THE BOARD OF DIRECTORS RECEIVES THE CONFLICT OF INTEREST POLICY AND ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT PRIOR TO THE ANNUAL 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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

GOOD PLUS FOUNDATION, INC.

Employer identification number

31-1777082

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, TX, UT, VA, WI, WV
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.